**Please read carefully before filling in the form.**

* If you wish to be certified as a Ground Handling Service Provider

You should fill in this form.

* + - Please print clearly in black/Blue ink
    - Please  the relevant boxes.
      * Have you applied for certification before? Yes  No

If **Yes,** please give details including allocated number, on a separate sheet.

* + - * Are you a registered company? Yes  No

If **Yes,** please complete Part A. If **No**, please complete Part B (overleaf).

**PART A**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
| Registration No: |  | | |
| Trading as: |  | | |
| VAT Reg No: |  | | |
| Registered Office Address: |  | | |
|  |  | Postcode: |  |
| Telephone: |  | Fax No: |  |

\****Please attach an address list of all premises where you operate from.***

How many staff do you employ in your company for AVSEC operational duties? i.e. acceptance, preparation, packing & delivery.

0-25  26-50  51-75  76-100  100+

Does any member of your company have any criminal convictions? Yes  No

If **Yes** please attach full details on a

Now go to **Part B** separate sheet

**PART B**

Are you?

**(a)** a sole proprietor

|  |
| --- |
| Full Name: |
| Trading as: |

or

**(b)** a partnership or association

|  |  |
| --- | --- |
| Full Names  Of All Partners  Or Associates |  |
|  |
|  |
|  |
|  |

Continued on a separate sheet …

|  |  |  |  |
| --- | --- | --- | --- |
| Trading as: |  | | |
| For (a) or (b) |  | | |
| VAT Reg No. |  | | |
| Address of |  | | |
| principle office |
|  |  | Postcode. |  |
| Telephone No. |  | Fax No. |  |

\****Please attach an address list of all premises where you operate from.***

How many staff do you employ in your company for AVSEC operational duties?

0-25  26-50  51-75  76-100  100+

Does any member of your company have any criminal convictions? Yes  No

If **Yes** please attach full details on a separate sheet

Now go to **Part C**

**PART C**

Please give details of the individual in your company who will officially accept any written or verbal communication from the Authority relating to aviation security business.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position in company |  | | |
| Official address |  | | |
|  |
|  |  | Postcode. |  |
| Telephone No. |  | Fax No. |  |

**PART D Now please sign and date the form**

I declare that the information I have given is, to the best of my knowledge true and correct.

|  |  |
| --- | --- |
| Signed:A white square with a blue border  AI-generated content may be incorrect. | Dated: Click or tap to enter a date. |
| Name ( CAPITAL LETTERS). | |
| Position in company. | |

**Now return the completed application form together with the following:**

* Ground Handling Service Provider Security Programme
* Aircraft Maintenance Organisation Certificate
* Quality Assurance System and Safety Management System
* Copy of Air Operator’s Certificate if applicable

then send it to:

**Controller**

**Aviation Safety & Security**

**Civil Aviation Authority of Fiji**

**Private Mail Bag**

**Nadi Airport**

**For Office Use Only**

Date application received. Click or tap to enter a date.

New application? Yes  No

Re-application after refusal? Yes  No

Renewal Yes  No

|  |  |
| --- | --- |
| Date sent to CAAF | Click or tap to enter a date. |
| Date received at CAAF | Click or tap to enter a date. |
| Date of listing | Click or tap to enter a date. |
| Allocated Number |  |
| Date of renewal | Click or tap to enter a date. |
| Date application refused | Click or tap to enter a date. |

Reason for refusal

|  |
| --- |
|  |

Date refusal notified to applicant Click or tap to enter a date.