**Note:**

* Please print clearly in black/Blue ink
* Please (Tick) the relevant boxes.
* Submit application 4 weeks in advance to allow time for processing.

|  |  |
| --- | --- |
| [ ] **New Exemption**  | [x]  **Renewal / Replacement \* of Exemption No: (\*Delete as applicable)**  |

# PART A

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

# PART B

|  |  |
| --- | --- |
| Airport to be validated  |       |
|   |  |
| Country  |       |

Please give details of the individual in your company who will facilitate the HBS Validation Inspection of the above-mentioned airport.

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

## 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 HBS Validation Inspection.

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

## PART D

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.       |

Send the completed application form to:

**Controller**

**Aviation Security & Facilitation**

**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.