

**Complete application form (2 pages) and -**

- (a) DME certification on ability to perceive correctly red, green, white colours and no mobility disability, hearing or speech defect that interfere with safety of duties.
- (b) **Initial issue of licence/rating** – Evidence that required training has been satisfactorily completed meeting Standards Document-Aeronautical Facility Technician's Licence, certified Rating Board Examination Results and a passport size photograph.
- Renewal of Licence** – Provide results of licence re-validation examination.

Attach  
Passport size  
Photograph of  
applicant

**Note: Submit application 2 weeks in advance to allow time for processing.**

(signed at back  
of photo).

TO BE COMPLETED BY APPLICANT	Tick applicable box below ✓	* Delete as applicable
First Name:	Middle Name:	Surname:
Address:	<b>Licence Re-Validation or Rating Competency results</b> Marks: _____ % Pass      Fail Date of Examination: _____	
Phone No:		
Work No:		
Resident No:		
Nationality:	<b>Medical Exam Date :</b> Pass      Fail (submit original report)	
Male/Female:		
Birth Date:	<b>English Language Proficiency Level:</b> 1   2   3   4   6 (tick)	
Employer:	<b>Evaluation Date:</b> _____	
<b>LICENCE APPLIED FOR</b> <b>New</b> <b>Renewal*</b>	<b>Licence No:</b>	
<input type="checkbox"/> Aeronautical Facility Technician's Licence (AFTL)	<input type="checkbox"/> Aeronautical Facility Technician Trainee Permit	
<b>The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied.</b>		

<p>(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document that has been suspended or revoked (<i>other than a Licence that has been superseded by a replacement</i>)?          If "yes", please give details:</p>	Yes    No																																																																									
<p>(b) Have you being subjected to a "stand-down" from solo technical duties. If "Yes", please give details: -</p>	Yes    No																																																																									
<p>(c) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence such as driving under the influence of alcohol or drug (including Kava)?</p>	Yes    No																																																																									
<p>(d) Have you been convicted in any court on any criminal charge or are you presently facing charges for any criminal offence?</p>	Yes    No																																																																									
<p>(e) Have you any history of physical or mental health or serious behavioral problems?</p>	Yes    No																																																																									
<p>If answering "Yes" to question c), d) or e) above, please provide details on separate sheets enclosed in a sealed envelope marked "<b>Confidential, Controller of Ground Safety, Civil Aviation Authority of Fiji</b>". Include name and Licence applied for.</p>																																																																										
<p><b>This Part to be completed if the Licence applied for includes VHF/HF radio equipment as testing of radio transceivers is required.</b> (Applicant must be meet ASOL requirements as per SD-ATSPL)</p>																																																																										
<p>1. Do you hold a valid Aeronautical Station Operators Licence? <b>Submit a copy</b>          Yes        No</p>																																																																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Ratings Applied for</th> <th colspan="3" style="width: 25%;">CNS</th> <th colspan="3" style="width: 25%;">Air Traffic Services</th> <th colspan="3" style="width: 32%;">Security</th> </tr> <tr> <th style="width: 10%;">Equipment:</th> <th style="width: 10%;">Model</th> <th style="width: 15%;">Site</th> <th style="width: 10%;">Equipment:</th> <th style="width: 10%;">Model</th> <th style="width: 15%;">Site</th> <th style="width: 10%;">Equipment:</th> <th style="width: 10%;">Model</th> <th style="width: 12%;">Site</th> </tr> <tr> <td>ILS/DME</td> <td></td> <td></td> <td>HF</td> <td></td> <td></td> <td>HBS</td> <td></td> <td></td> </tr> <tr> <td>CVOR</td> <td></td> <td></td> <td>VHF/A TIS</td> <td></td> <td></td> <td>CXS</td> <td></td> <td></td> </tr> <tr> <td>DVOR</td> <td></td> <td></td> <td>ATM facility</td> <td></td> <td></td> <td>WTMD</td> <td></td> <td></td> </tr> <tr> <td>DME</td> <td></td> <td></td> <td>AFTN/ AMHS</td> <td></td> <td></td> <td>CCTV</td> <td></td> <td></td> </tr> <tr> <td>NDB</td> <td></td> <td></td> <td>DVL</td> <td></td> <td></td> <td>ETD</td> <td></td> <td></td> </tr> <tr> <td>ADS-B</td> <td></td> <td></td> <td>VCS</td> <td></td> <td></td> <td>Others</td> <td></td> <td></td> </tr> </table>		Ratings Applied for	CNS			Air Traffic Services			Security			Equipment:	Model	Site	Equipment:	Model	Site	Equipment:	Model	Site	ILS/DME			HF			HBS			CVOR			VHF/A TIS			CXS			DVOR			ATM facility			WTMD			DME			AFTN/ AMHS			CCTV			NDB			DVL			ETD			ADS-B			VCS			Others		
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<p><b>Aeronautical related qualifications</b> (<i>provide evidence</i>):      Audit/Lead Auditor      Approved Examiner</p>																																																																										
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**Declaration**

I certify that the above information is correct that the enclosed copies of my personal documents are authentic and that the information provided is true and correct. I further authorised the Authority to use the information concerning me on this form or attached hereto for any purpose as required or authorised by law. I further authorised such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority

I consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Authority.

**Applicant's Signature:**

**Date:**

**BELOW IS FOR OFFICIAL USE ONLY**

Fees	Receipt No.	Receipt Date	Medical Results	Fit & Proper	Licence No
			Y   N   C	Y   N   C	

**Application received and checked:**

**(Licensing Officer Signature)**

**Date:**

**Endorsing Inspectorate Officer:**

**Signature:**

**Date:**

**Approving Officer:**

**Signature:**

**Date:**