# Complete application form and -

1. **ATCL/ATCTP & FISOL/FISTP**: Valid Class 3/4 (as appropriate) Medical Assessment issued by an AMA.

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| Attach photograph here    Approx 2cmx2.5cm |

1. **Initial issue of licence/rating** – Evidence that required training has been satisfactorily completed as per the

SD PEL, certified Rating Board Examination Results and a passport-size photograph.

**Renewal of ATCL, FISOL & ASOL** – Provide results of licence renewal examination.

Application documentation & appropriate fees shall be submitted at least 10 working days in advance to allow time for processing. For fees & charges, please refer to the current Civil Aviation Fees & Charges Regulation, accessible via the Authority’s website.

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| **TO BE COMPLETED BY APPLICANT** | | *Tick**applicable box below* *\* Delete as applicable* | | *Provide a copy of birth certificate/passport biodata page for initial issue.* | |
| **First Name** | **Middle Name** | | | **Surname** | |
|  |  | | |  | |
| **Address**:  **Nationality:**  **Country of Birth:**  **Date of Birth**: Click or tap to enter a date. | | | **Phone No:**  **(**Res)  **(**Wk) | | **Licence Renewal**  Date of Examination:  Click or tap to enter a date. |
| **Employer’s Name:** | | |
| **Class 3/4 Medical Assessment –** Provide date of visit if recently seen by an AMA: | | | | | |
| **LICENCE/RATING APPLIED FOR: -** | | | | | |
| Air Traffic Controller Licence (ATCL) | | Aerodrome Control Rating: Nadi/Nausori \*  Approach Control Procedural Rating: Nadi/Nausori\*  Approach Control Surveillance Rating: Nadi/Nausori\*  Area Control Procedural Rating – Nadi  Area Control Surveillance Rating - Nadi | | | |
| Aeronautical Station Operator Licence  (ASOL) | | HF RTF and Air Ground operations  VHF/HF RTF Operations  VHF RTF operations (Airside Operations) | | | |
| Flight Information Service Officer Licence (FISOL) | | International Flight Information service rating (Nadi FIR)  Aerodrome Flight Information service rating (Domestic Aerodromes)  Domestic Flight Information service rating (Fiji Domestic Airspace) | | | |
| ATC Training Permit | | FIS Training Permit | | | |
| New/Replacement\* Licence/Permit \* | | If renewal, state Licence/Permit No: | | | |
| State any other aeronautical related qualifications and provide evidence if new additions: -  ATS Instructor rating (OJTI) ATS Instructor rating (classroom) ATS Examiner rating  Others (specify): | | | | | |

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| The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied. | | | |
| (a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked *(other than a licence that has been superseded by a replacement or higher licence)*? If “yes”, please give details: - | | Yes No | |
| (b) Have you been subjected to a “stand-down” from solo operational duties by your employer? If “Yes”, please give details: - | | **Yes**  **No** | |
| (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 drugs (including Kava)? | | Yes# No | |
| (d) Have you been convicted in any court on any criminal charge or are you presently facing charges for any criminal offence? | | Yes#  No | |
| (e) Have you any history of physical or mental health or serious behavioural problems? | | Yes# No | |
| # If answering “Yes” to question c), d) or e) above, please provide details on separate sheets enclosed in a sealed envelope marked “Confidential - Senior Personnel Licensing Inspector, Civil Aviation Authority of Fiji” and attach the envelope with this application form. | | | |
| **Declaration**  I certify that the above information is correct and that the enclosed copies of my personal documents are authentic and the information provided is true and correct. I further authorise 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 authorise such information to be disclosed by the Authority to any person who requires such information to carry out his/her duties, 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 Senior Personnel Licensing Inspector, Civil Aviation Authority of Fiji; and * where applicable, the copying of my signature below required for the issuance of an ATC/FIS training permit.   Applicant’s Signature:  Date: Click or tap to enter a date. | | | |
| Post or deliver the completed form and required documents to: Senior Personnel Licensing Inspector  Civil Aviation Authority of Fiji  Private Mail Bag (NAP 0354)  Nadi Airport **FIJI** | | | |

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| **Travelling Time** | **Transportation** | **Accommodation** | **Rating / Validation** | **Processing** | **Time** |
|  |  |  |  | ANSI |  |
|  |  |  |  | LO |  |
| Examination Results | Medical Results | Fit & Proper | Licence No: | MPEL |  |
| Passed /  Failed\* | Y/N/ Conditional\* | Y/N/ Conditional\* |  |  |  |

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| --- | --- |
| Remarks:  Checked/Accepted by Licensing Officer:  Signature  Date: Click or tap to enter a date. | |
| Comments:    Endorsed by ANSI:  Signature:  Date: Click or tap to enter a date. | |
| Comments:      Approved by SPELI:  Signature:  Date: Click or tap to enter a date. | |
| **Fees** | |
| Receipt No./Date | Click or tap to enter a date. |