**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 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? 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

 separate sheet

Now go to **Part B**

**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 principal 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 |       |
|  |       |
|  |       |
| Telephone No. |       | Postcode |       |
|  |  | 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: |  | Date: | 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**

|  |
| --- |
|  Click or tap to enter a date. |

Date application received

 New application? Yes [ ]  No [ ]

Re-application after refusal? Yes [ ]  No [ ]

Renewal Yes [ ]  No [ ]

|  |  |
| --- | --- |
|

|  |
| --- |
|  Click or tap to enter a date. |

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  |
|

|  |
| --- |
| Click or tap to enter a date. |

Date of renewal  |
|

|  |
| --- |
|  Click or tap to enter a date. |

Date application refused  |

Reason for refusal

|  |
| --- |
|            |

|  |
| --- |
|  Click or tap to enter a date. |

Date refusal notified to applicant