**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