

**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:

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**

Date application received	
New application?	Yes      No
Re-application after refusal?	Yes      No
Renewal	Yes      No
Date sent to CAAF	
Date received at CAAF	
Date of listing	
Allocated Number	
Date of renewal	
Date application refused	

Reason for refusal

Date refusal notified to applicant