

APPLICATION FOR ATC/FISO/ASO LICENSE EXAMINATION

PL 101L

Tick where appropriate: - Mr

☐ Miss

☐ Mrs

☐ Ms

Surname: First Name(s):

Residential Address:

Home Telephone No.....

Work Telephone No.....

Personal E-mail:

Employed by:

License Number:

Examination Requested

(Please tick appropriate time slot as per AIC 01/21)

<input type="checkbox"/>	ATC Exam	}	<input type="checkbox"/>	0900–1230pm	<input type="checkbox"/>
<input type="checkbox"/>	1400 – 16.30pm				
<input type="checkbox"/>	FISO Exam		<input type="checkbox"/>	0900-1030am	<input type="checkbox"/>
	ASOL Exam				1430 – 1530pm

Date for which examination is requested:

Applicants Signature:..... Date:

FOR OFFICIAL USE ONLY

Applicable Fee (FJ\$54.50).....

Received:cash/cheque
(Licensing Officer) Official

Receipt No:

Particulars given on this form checked by:

CONDITIONS APPLICABLE

- 1) All aviation examinations are held at CAAF headquarters.
- 2) Candidates must report to the examination supervisor no later than 15 minutes prior to the examination start time.
- 3) Examination fees are published in the CAAF Aeronautical Information Circular - AIC01/21
- 4) A candidate electing to transfer a booked exam sitting to another date must advise the Authority in writing before the aforementioned closing time.