

Application For Renewal Of A Flight Crew License Or Rating Held By Fiji **Airways Flight Crew Only**

PL 102C

IMPORTANT

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, together with the documents required under Section 2 and personal Flying Logbook. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of Regulation 128 Forgery, etc., of documents, of the Air Navigation Regulations.

SECTION 1	DEDCONAL DARTICH	ADS OF ADDITIONAL	(in BLOCK CAPITALS ple	0200
SECTION	PERSONAL PARTICUL	ARS OF APPLICANT	(III DLUCK CAPITALS DI	ease

SECTION 1 PERSONAL PARTICULARS OF APPLICANT (IN BLOCK CAPITALS please)					
Full Name (Surname	first):				
Licence Number:					
Address to which licer	nce is to be retur	ned:			
Contact number:					
SECTION 2 APPL I hereby apply for th CPL(A)	e renewal of : ATPL(A)	Instrument Rating			
		CERTIFICATION OF TEST			
the purpose of con that on (date) pass an aircraft rat CAAF approved flig	ducting tests in r ing flight test ght simulator refe	approved by the Civil Aviation Authority of Fiji, in respect of ANR 57, for respect of aircraft ratings and instrument rating certificates of test certify I witnessed Captain F/O. and/or an instrument rating flight test (tick applicable box) in a greence and/or aeroplane type			
Registration mark 174, ANR 61 and 6	· 64.	in accordance with the Laws of Fiji, CAP			
	Name :				
	CAAF A	Approved Examiner No:			
	Licence	e Number:			
	Date:				

ALLOW 3 WORKING DAYS FROM RECEIPT DATE OF THIS APPLICATION AS PER CAAF SERVICE **CHARTER**

Signature:

SECTION 3 FIT AND PROPER PERSON

THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO ANR REGULATION 53 (2) OF THE AIR NAVIGATION REGULATIONS 1981 WHICH PROVIDES FOR THE REQUIREMENT FOR FIT AND PROPER PERSON.

- 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you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence?
- b) Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence?
- c) Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence?
- d) Have you any history of physical or mental health or serious behavioural problems?

If answering "YES" to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name, and attach to this application.

Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17A(5)(b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application.

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is true and correct and that the enclosed copies of my personal documents are authentic and that information shown on them is true and correct.

I hereby authorise the Civil Aviation Authority of Fiji to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAAF to any person who requires such information to carry out any function as lawfully directed by the CAAF. I consent to the disclosure by any court of law of any details of any convictions I may have pursuant to this application, to the Chief Executive, Civil Aviation Authority of Fiji.

Signature of Applicant:	Date:

FOR OFFICIAL USE ONLY		
Examiner authority checked		Calculation
•	Fee	
	Part:	
ACCEPT	Item:	
	Time :	
REJECT because :		
	From	
	То	
	Travel:	
Signature	From	
Date	То	
	Transport	
	Accommodation	
	Overhead	
	Receipt No.	
	Date ·	