

Complete application form (2 pages) and -

- (a) DME certification on ability to perceive correctly red, green, white colours and no mobility disability, hearing or speech defect that interfere with safety of duties.
- (b) **Initial issue of licence/rating** – Evidence that required training has been satisfactorily completed meeting Standards Document-Aeronautical Facility Technician's Licence, certified Rating Board Examination Results and a passport size photograph.
- Renewal of Licence** – Provide results of licence re-validation examination.

Attach
Passport size
Photograph of
applicant

Note: Submit application 2 weeks in advance to allow time for processing.

(signed at back
of photo).

TO BE COMPLETED BY APPLICANT	Tick applicable box below ✓	* Delete as applicable
First Name:	Middle Name:	Surname:
Address:	Licence Re-Validation or Rating Competency results Marks: %	
Phone No:	Pass Fail	
Work No:	Date of Examination:	
Resident No:		
Nationality:		
Male/Female:		
Birth Date:	Medical Exam Date : Pass Fail (submit original report)	
Employer:	English Language Proficiency Level: 1 2 3 4 6 (tick) Evaluation Date:	
LICENCE APPLIED FOR New Renewal*	Licence No:	
<input type="checkbox"/> Aeronautical Facility Technician's Licence (AFTL)	<input type="checkbox"/>	Aeronautical Facility Technician Trainee Permit
The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied.		

(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document that has been suspended or revoked (<i>other than a Licence that has been superseded by a replacement</i>)? If "yes", please give details:	Yes No																																																																						
(b) Have you being subjected to a "stand-down" from solo technical duties. If "Yes", please give details: -	Yes No																																																																						
(c) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence such as driving under the influence of alcohol or drug (including Kava)?	Yes No																																																																						
(d) Have you been convicted in any court on any criminal charge or are you presently facing charges for any criminal offence?	Yes No																																																																						
(e) Have you any history of physical or mental health or serious behavioral problems?	Yes No																																																																						
If answering "Yes" to question c), d) or e) above, please provide details on separate sheets enclosed in a sealed envelope marked " Confidential, Controller of Ground Safety, Civil Aviation Authority of Fiji ". Include name and Licence applied for.																																																																							
This Part to be completed if the Licence applied for includes VHF/HF radio equipment as testing of radio transceivers is required. (Applicant must be meet ASOL requirements as per SD-ATSPL)																																																																							
1. Do you hold a valid Aeronautical Station Operators Licence? Submit a copy Yes No																																																																							
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Declaration

I certify that the above information is correct that the enclosed copies of my personal documents are authentic and that the information provided is true and correct. I further authorised the Authority to use the information concerning me on this form or attached hereto for any purpose as required or authorised by law. I further authorised such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority

I consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Authority.

Applicant's Signature:**Date:****BELOW IS FOR OFFICIAL USE ONLY**

Fees	Receipt No.	Receipt Date	Medical Results	Fit & Proper	Licence No
			Y N C	Y N C	

Application received and checked:**(Licensing Officer Signature)****Date:****Endorsing Inspectorate Officer:****Signature:****Date:****Approving Officer:****Signature:****Date:**