

#### Note:

- Please print clearly in black/Blue ink
- Please (Tick) the relevant boxes.
- Submit application 4 weeks in advance to allow time for processing.

## New Exemption Renewal / Replacement \* of Exemption No:(\*Delete as applicable)

PART A		
Company Name:		
Registration No:		
Trading as:		
VAT Reg No:		
Registered Office Address:		
	Postcode:	
Telephone:	Fax No:	

## PART B

Airport to be validated	
Country	

Please give details of the individual in your company who will facilitate the HBS Validation Inspection of the abovementioned airport.

Name		
Position in company		
Official address		
	Pc	Postcode.
Telephone No.	Fa	Fax No.
Email address		

## 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 HBS Validation Inspection.

Name		
Position in company		
Official address		
	Postcode.	
Telephone No.	Fax No.	
Email address		

## PART D

I declare that the information I have given is, to the best of my knowledge true and correct.

<b>0</b> /	, ,
Signed:	Dated:
Name (CAPITAL LETTERS).	
Position in company.	

Send the completed application form to:

# Controller

## Aviation Security & Facilitation Civil Aviation Authority of Fiji Private Mail Bag Nadi Airport

## For Office Use Only

Date application received z	
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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