

Aviation Security Quality Control Officers Approval - Application

SF 106C

ISO 9001:2015 Certified

Complete application form and attach the following -

- Initial issue of an Approval to a new applicant will have to be accompanied by two (2) passport size photos, police clearance, AVSEC Training certificates and CV.
- For renewal, complete form SF 106C.
 Note: Submit application 4 weeks in advance to allow time for processing.

SECTION A: Applicants Particulars

TO BE COMPLETED BY APPLICANT	(Tick applicable box below)		
First Name	Middle Name(s)	Surname	
Mailing Address:	Nationality:		
	Country of Birth:		
Residential Address:	Date of Birth:		
Phone No:	Gender: Male:	Female:	
(Res.)			
(Mobile)			
Email Address:			
Employer's Name:	Phone No: (679)		
Address:	Fax No : (679)		

ccupation:	2. AVSEC Background
Aviation Background (check correct one):	No. Of years operational experience:
CAA (State or Regulatory)	
Airport	Duties:
Airline	
Ground Services	
Others	
AVSEC Training courses completed (local, reg	ional or international)
Title of course Year:	

SECTION C: Approval Rating

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New Approval	Renewal / Replacement * of Approval No:	(*Delete as applicable)
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Approva	l Rating					
1. A	irport operatio	ons			Airline Operations	
				Ι.	Air Cargo Operator	
				II.	Regulated Agent	
	Ground Hand	lling Service		4.	Aviation Security	Service
-	Provider			6.	Provider	wider
5. C	Cargo			0.	Catering Service Pro	ovider
The inform	mation solicite	d herein is requ	ired pursuant to Regula	tion	3B of the Civil Aviatio	n (Security) Regulations.
			cation for an aviation do suspended or revoked?		ent rejected or have y Yes No	ou been the holder of an
If answ	wering "yes", p	olease give deta	ils:			
	6					
			ocedures applicable for		•	No uments are authentic and
that the ir me on th	nformation pro is form or atta	vided is true an ached hereto fo	d correct. I further autho or any purpose as requi	rise red o	the Authority to use the authorised by law.	I further authorise such on to carry out as lawfully
	by the Authorit e of Applican		Designation:		Date:	
Signatur		it.	Designation.		Dale.	
Signatur	e of Authoris	ing Officer:	Designation:		Date:	
OFFICIA ONLY	LUSE					
Date App	olication Rec	eived: Click or t	tap to enter a date.	Re	ceived By:	
Police	Clearance	AVSEC	Training Record	2	PASSPORT SIZE PHOTO	cv
ר	(/ N		Y / N		Y / N	Y / N

Remarks:			
Checked by Inspector	(Signature)	(Date)	
Comments:			
Approved by:	(Signature)	(Date)	

Fees	
Receipt No./Date	