CIVIL AVIATION AUTHORITY OF FIJI
ISO 9001:2015 Certified

Aviation Security Screener Certificate - Application

SF 106A

Complete application form and attach the following -

- Initial issue of a certificate to a new recruit will have to be accompanied by two (2) passport size photos, ASTP 123 Training records, OJT records, OJT practical assessment records, medical report and police clearance.
- For renewal, attach certificate and proficiency test records.
- For renewal of more than 1 year of expiry, attach copy of refresher training, certificate and proficiency test records.

Attach photograph here

Note: Submit application 4 weeks in advance to allow time for processing.

TO BE COMPLETED BY APPLICANT	*(Tick applicable box below)*	
First Name	**Middle Name(s)**	**Surname**
Mailing Address:	**Nationality:**	
Residential Address:	**Country of Birth:**	
Phone No: (Res.)	**Date of Birth:**	
(Mobile)	**Gender:** Male: ☐	Female: ☐
Email Address:	**Marital Status:** Single: ☐	Married: ☐
	Widowed: ☐	Divorced: ☐
Occupation:	**Employer's Name:**	
Airport:	**Address:**	
Education Level:	**Phone No:** (679)	
ASTP - Year Sat:	**Fax No:** (679)	

☐ New Certificate ☐ Renewal / Replacement * of Certificate No: ☐ *(*Delete as applicable)*

☐ Level 1 – Access Control ☐ Level 2 – CBS & HBS ☐ Level 3 – All

The information solicited herein is required pursuant to Regulation 3A of the Civil Aviation (Security) Regulations.

(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? ☐ Yes ☐ No

If answering "yes", please give details:

(b) Do you have any physical disability that limits your ability to operate Aviation Screening equipment?

☐ Yes ☐ No

(c) Do you have any hearing defect? ☐ Yes ☐ No Do you wear a hearing aid? ☐ Yes ☐ No

(d) Do you wear corrective lenses ☐ Yes ☐ No

(e) Are you able to correctly identify different colours?

☐ Yes ☐ No

(f) Are you familiar with the security procedures applicable for the airport? ☐ Yes ☐ No

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 authorise 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 authorise such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority.

Signature of Applicant	Designation:	Date:
Signature of Authorising Officer	**Designation:**	**Date:**

BELOW FOR OFFICIAL USE ONLY

Date Application Received: Click or tap to enter a date.				**Received By:**		
Police Clearance	**Basic AVSEC Course**	**Refresher Training**	**OJT**	**OJT Practical Assessment**	**Proficiency Test**	**Medical Results**
Y / N / NA	1-3, 4-6, 7-9, 10 -12 NA	Y / N / NA	Y / N / NA	Y / N / NA	Y/ N/ NA	Y/ N/ Conditional

Action by Licensing section:			
Accepted		Date notified:	Remarks:
			Checked by:
Rejected		Date notified:	(Signature)
			(Date):
Comments by ASFI:			
Approved by:			
(Signature)			
(Date):			
Fees			
Receipt No./Date			