

## 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. 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 PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please)

Full Name (Surname first)

Flying Training Permit Number (If Renewal)

Address to which permit is to be returned

and contact number

### SECTION 2 APPLICATION

I hereby apply for the  ISSUE  RENEWAL of a Flying Training Permit.

Evidence of the following is also attached in support of this application:

**Medical Fitness (ISSUE/RENEWAL)**

a current class 1 or 2 (Minimum) medical examination conducted by a CAAF approved AMA (including audiogram, electro-cardiogram and any other test deemed necessary by the medical examiner)

**Fee (ISSUE/RENEWAL)** (Refer Civil Aviation (Fees and Charges) Regulation)  
permit issue/renewal fee

**Photograph (INITIAL ISSUE ONLY)**

2 passport size colour photographs (signed and dated on the back)

**Proof of Identification (INITIAL ISSUE ONLY)**

Passport, or Birth Certificate together with a Photo ID

**Police Clearance (INITIAL ISSUE ONLY)**

Police Clearance

### SECTION 3 DETAILS OF ANY LICENCE HELD (in BLOCK CAPITALS please)

State of issue:

Date of issue:

Type of licence and number:

Date of expiry of Licence:

Date and place of last medical examination:

Date:

Date of expiry of medical (class 1 or 2):

Details of any endorsements/limitations:

Details of other licences held (if any):

**SECTION 4 DETAILS OF FLYING EXPERIENCE, IF ANY (ISSUE/RENEWAL)**

Total hours

Last 12 months

**SECTION 5 TRAINING INSTITUTION (ISSUE/RENEWAL)**

Name of company/flying club and location where training will be undertaken

Name of Chief Flight Instructor

Signature of Chief Flight Instructor

**SECTION 6 FIT AND PROPER PERSON (ISSUE/RENEWAL)**

**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you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence?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**

Applicable Fee Received: (Licensing Officer) Cash Cheque Official Receipt No

Date of Medical assessment: Result: FIT UNFIT Limitations: YES NO

Issued Permit No: Valid from to