

Application to Amend an Unmanned Aircraft Operator Certificate Under Civil Aviation Rules, Part 102

Application requirements and instructions for completing this form

- a) The current standard hourly rate applies. Fees for amendments are not required in advance. Follow the link for information on [fees and charges](#). The CAA Standard Rate hourly charge applies. NOTE: If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising the payment in Section 2.
- b) Please ensure all documents are attached.
- c) The application must include the amended exposition as required by rule 102.11.
- d) Further notes and instructions are included in the grey margins of the different sections of this form.
- e) Use additional sheets such as those included at the end of the form to provide further details and explanations that do not fit in the original sections of the form.
- f) **Submit the completed application and supporting documentation to either:**
Email: certification@caa.govt.nz
Post: Certification Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140

1. Organisation Details

CAA participant number (if known)	<input type="text"/>	Companies Office number	<input type="text"/>
Legal name of organisation	<input type="text"/>		
Trading name (if any)	<input type="text"/>		
<i>Only fill this part of the section if changes are being made.</i>			
Address for service <i>The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand i.e. a physical address, not a PO box and to promptly notify the Director of any changes.</i>		Postal address <i>(if different from address for service)</i>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Tel	<input type="text"/>	Tel	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Details of the person who may be contacted for further information			
Name	<input type="text"/>	Position	<input type="text"/>
Tel	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

2. Details for Invoice

Please provide the name of the organisation or applicant and address for the invoice to be sent. If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising payment.

The invoice is to be sent to:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Organisation
Applicant or Organisation Name:	<input type="text"/>	CAA Participant No: <input type="text"/>
Name of the person authorising payment: <i>(If applicant, N/A)</i>	<input type="text"/>	Purchase Order No: <input type="text"/> <i>(If applicable)</i>
Title/Position within the company:	<input type="text"/>	
Email:	<input type="text"/>	Phone: <input type="text"/>
Postal Address: <i>(For the invoice to be sent to individual or organisation)</i>	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Signature: <i>(Of the applicant or person within the organisation authorising payment)</i>	<input type="text"/>	<input type="text"/>

3. What are you changing?

<p>Indicate the change you are proposing in your organisation. More than one box may be ticked.</p> <p>Complete the relevant sections of the form as indicated at far right.</p> <p>Sections 1, 2, 3, 8 and 9 are required to be completed for all applications.</p> <p>The line numbers align with the section numbers on the operations specifications</p> <p>NOTE: Prime person's signature is required in sections 5 and 8</p>	1.	Locations	<input type="checkbox"/>	Complete section 5
	2.	Address for service	<input type="checkbox"/>	Complete section 1
	3.	Trading name	<input type="checkbox"/>	
	4.	Privileges of the certificate	<input type="checkbox"/>	Complete section 5
	5.	Persons with responsibilities	<input type="checkbox"/>	Complete section 6
	6.	Aircraft	<input type="checkbox"/>	Complete section 7
	7.	Service providers (contractors)	<input type="checkbox"/>	Complete section 8
	8.	Training programme	<input type="checkbox"/>	Complete section 5
	9.	Competency assessments	<input type="checkbox"/>	
	10.	Maintenance programme	<input type="checkbox"/>	
	Other	<input type="checkbox"/>		

4. Exposition

List the exposition manual(s) required by CAR 102.11 that are being amended for this proposed change	Manual titles	Amendment number and date

Indicate any prime persons who are being removed from the organisation's certificate.

Removed persons

7. Aircraft to be changed

List the aircraft you want to add to or remove from the organisation's operations specifications. Attach the relevant associated exposition amendments (eg, operations, maintenance manuals) with your application.

Add or remove	Registration or ID mark	Manufacturer	Model	Are you the registered operator?
Add / Remove				Yes / No
Add / Remove				Yes / No
Add / Remove				Yes / No

8. Contractors

Crew training and competency assessment

List any changes to the organisations to whom you intend to **contract** training. Confirm with the contractor that their CAR Part 141 certificate authorises them to conduct the courses or assessments.

Add or remove	Name and address	Participant number (if known)
Add / Remove		
Add / Remove		
Add / Remove		

Maintenance

List any changes to maintenance organisations or people (LAME, licensed engineer, other) to whom you intend to **contract** the maintenance of your aircraft.

Add or Remove	Name and address	Participant No. (if known)
Add / Remove		
Add / Remove		
Add / Remove		

9. Declaration by prime person

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 49 of the Civil Aviation Act 1990 and is subject, in the case of a body corporate, to a maximum fine of \$50,000.

I have obtained a current copy of NZCAR Part 102 and AC102-1 and have read and understood the contents as they apply to this application. I also have a current copy of CAR Parts 1 and 12 as applicable.

This application is made for and on behalf of the organisation identified above. I certify that I'm empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out in accordance with the requirements of the Civil Aviation Act 1990, Section 12.

I declare that to the best of my knowledge and belief the statements and information supplied in this application and the attachments are complete and correct.

Full name of prime person

Participant number (if known)

Signature

Date of application

10. Applicant’s checklist – please take the time to check and complete this section

Please ensure all documents are attached. Applications which are incomplete or lacking any required documents will not be processed.

- | | | |
|----|---|--------------------------|
| 1. | All necessary sections completed | <input type="checkbox"/> |
| 2. | Amended company exposition attached | <input type="checkbox"/> |
| 3. | CAA 24FPP/24FPPDEC and CV for the nominated prime person attached, if changed | <input type="checkbox"/> |
| 4. | Additional attachments included as per this list. | <input type="checkbox"/> |

Use this sheet if you need to provide further information or explanations that do not fit in the original sections of the form.

Section	Additional details or explanations