***Application for Issue, Renewal or Amendment of an Aviation Recreation Organisation Certificate, CAR Part 149***

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| ***Application requirements and instructions for completing the form*** |
| 1. *The CAA Standard Rate hourly charge applies. Follow the link for information on* [*fees and charges*](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/)*. NOTE: If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising the payment in Section 2.* 2. *For initial issue or for a change of Senior Persons, separate form CAA* [*24FPP*](https://www.aviation.govt.nz/assets/forms/24FPP.pdf) *will need to accompany this application for each of the senior persons nominated.* 3. *Please ensure all documents are enclosed. No application will be processed until all required documentation is received.* |
| 1. ***Submit the completed application and supporting documentation to either:***   ***Email:*** [*certification@caa.govt.nz*](mailto:certification@caa.govt.nz)  ***Post:***  *Certification Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140* |

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| **Initial issue** | **Renewal** | **Amendment** |

1. **Organisation Details**

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| CAA Participant Number (*if known)* | | |  | |  | |
| Legal Name of Organisation  *(The certificate will be issued in this name)* | | |  | | | |
| Trading name *(if any)* | | |  | | | |
| Address for Service  *The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address, not a P.O. Box) and to promptly notify the Director of any changes.* | | | | Postal Address  *(if different from Address for Service)* | | |
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|  | | | |  | | |
| Post Code |  | | | Post Code | |  |
| Tel |  | | | Tel | |  |
| Email |  | | | Email | |  |
| Your reference | |  | | | | |
| Details of the person who may be contacted for further information | | | | | | |
| Name |  | | | Position | |  |
| Tel |  | | | Mobile | |  |
| Email |  | | |  | | |

1. **Details for Invoice**

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| *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: | Applicant | Organisation | |
| Applicant or Organisation Name: |  | CAA Participant No: |  |
| Name of the person authorising payment: *(If applicant, N/A)* |  | Purchase Order No: *(If applicable)* |  |
| Title/Position within the company: |  | | |
| Email: |  | Phone: |  |
| Postal Address:  *(For the invoice to be sent to individual or organisation)* |  | | |
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| Signature:  *(Of the applicant or person within the organisation authorising payment)* |  |  | |

1. **Questionnaire**

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| The following questions must be answered for initial issue and for renewal: | Yes**\*** |  | No |
| Has the organisation been convicted for any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence? |  | | |
| Has the organisation previously had an application for an aviation document rejected or has an aviation document held by the organisation been suspended or revoked? |  | | |
| \* If answering “Yes”, please provide details on separate sheets. |  | | |

1. **Privileges applied for (ref CAR Part 149.9)**

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| Personnel Certification (149.59) | Aviation Events (149.61) | Other Privileges (149.9(3)) |

1. **Brief Summary of Scope of Work to be carried out**

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| Provide references to the Organisations Exposition (Ref CAR Part 149.65(a)(5)): |
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1. **List of Senior Persons and their areas of responsibility (ref CAR Part 149.51(a)(1)(2) & (3))**

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| *For initial issue or for a change of Senior Persons, separate form CAA* [*24FPP*](https://www.aviation.govt.nz/assets/forms/24FPP.pdf) *will need to accompany this application for each of the senior persons nominated* |

1. **Number of Persons to be employed (Ref CAR Part 149.51(a)(4))**

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| 1-5 | 6-10 | 11-50 |

1. **Declaration**

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| This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the Authority.  I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct. | |
| Full name of (nominated) Chief Executive |  |
| Signature of (nominated) Chief Executive |  |
| Date of 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 49 of the Civil Aviation Act 1990 and is subject, in the case of a body corporate, to a maximum fine of $50,000.* | |