



## Trans Tasman Mutual Recognition Act; Licence Registration – AME

### 1. Personal Details

NZ CAA Client / Licence Number <i>(if known)</i>				Date of Birth <i>(dd/mm/yy)</i>			
Title <i>(Mr/Mrs/Ms/Miss)</i>		Last Name					
Given Name(s)							
Country of Birth				Nationality			
New Zealand Address for Service - <i>Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address) and to promptly notify the Director of any changes.</i>							
Tel		Mob					
Fax		Email					
Australian Residential Address							
Tel		Mob					
Fax		Email					
Address to which letter of registration should be sent		Residential Address <input type="checkbox"/>		NZ Address for Service <input type="checkbox"/>			

### 2. Application Requirements

- You must have an "address for service" in New Zealand
  - You must enclose a certified copy of your Australian AME Licence with this registration form
- For further information, please visit the CAA website, <http://www.caa.govt.nz> and follow through the *Maintenance Engineer* home page.

### 2. Fee (incl GST)

Fee is <b>\$197.00</b> . Unless the full fees are paid, applications will not be processed.	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard       Expiry Date <i>(mm/yy)</i> /
	Name on Card
	Card Number
<b>DO NOT SEND CASH.</b> Please fill in credit card details.	

### CAA USE ONLY

Receipt No.	Receipt Date	W/R No.
AUSTAME		

Name \_\_\_\_\_

#### 4. Declaration

<i>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 an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$10,000.</i>	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.		
	<b>Consent to Disclosure &amp; Collection</b> I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge & compliance with transport safety regulatory requirements.  I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act 1990, or other such purpose permitted by law.		
<b>Applicant's Signature</b>		<b>Date</b>	

#### 5. Applicant's Check List

<i>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</i>	1. Certified copy of Australian AME Licence enclosed	<input type="checkbox"/>
	2. Fee completed	<input type="checkbox"/>
	3. Name completed at top of page 2	<input type="checkbox"/>

**Post this form to:**  
**Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand**