

Fit and Proper Person Questionnaire

Note: This questionnaire must be accompanied by an application form - do not send in separately

Instructions for completing this form – please read

- Fit and Proper determinations can only be made at the time of application for an aviation document or nomination for a senior person position. No determination or indication can be made prior to an application.**
- This Fit and Proper Person Questionnaire (CAA 24FPP) must accompany every application for an aviation document or for the nomination of a senior person appointment.
- A Fit and Proper Person Declaration ([CAA 24FPPDEC](#)) may only be used by applicants who have been determined Fit and Proper previously and:
 - within the past 60 months who have completed a Fit and Proper Person Questionnaire, and
 - where the facts and information declared previously are unchanged.
- Further instructions are contained in the grey boxes in the left hand margin throughout the form.
- Questionnaires which are incomplete or lacking any required documents will be returned, along with the application.

1. Personal Details

NZ CAA Participant/ Licence Number (if known)				Date of Birth (dd/mm/yy)			
Title (Mr/Mrs/Ms/Miss)			Last Name				
Given Name(s)							
Country of Birth				Nationality			
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>				Postal Address (if different from Address for Service)			
Post Code			Post Code				
Tel			Mob				
Fax			Email				

Aviation Document applying for:

<i>List the licence, prime rating or certificate you are applying for. If applying for senior person nomination complete Section 2.</i>	

2. Organisation Details – only applicable if completing as a Nominated Senior Person

<p><i>Complete as a Nominated Senior Person of a certified organisation only. Ensure all details are completed.</i></p> <p>A CURRICULUM VITAE <i>detailing education, training, qualifications and relevant positions held during the past ten years must be attached to this form.</i></p>	Legal Name of Organisation	
	Participant Number (if known)	
	Your reference (order number / contact person or other reference)	
	Civil Aviation Rule Part under which application is made	
	Designation of position for person named in Section 1	
	Responsibilities the person named in Section 1 will assume as defined in the relevant Rule Part	

Name		CAA ID		Date	
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3. Change of Name – only complete if applicable

<p>If your name has changed for any reason, please provide a copy of one of the following items. Please tick included item.</p>	1. Marriage Certificate	<input type="checkbox"/>	5. Certificate of annulment	<input type="checkbox"/>
	2. Statutory declaration	<input type="checkbox"/>	6. Divorce papers	<input type="checkbox"/>
	3. Deed poll	<input type="checkbox"/>	7. Other similar proof of name change	<input type="checkbox"/>
	4. Civil union certificate	<input type="checkbox"/>		

4. Confirmation of Identity

<p>Please enclose a COPY of one of the following items to confirm your identity, signed by your referee. (refer Section 6). The copy must be of a current (unexpired) document. Please tick the included item.</p>	1. A New Zealand Driver licence	<input type="checkbox"/>	5. A New Zealand or overseas passport	<input type="checkbox"/>
	2. A full birth certificate	<input type="checkbox"/>	6. A New Zealand firearms licence	<input type="checkbox"/>
	3. A Certificate of New Zealand Citizenship	<input type="checkbox"/>	7. A current certificate of identity	<input type="checkbox"/>
	4. A current refugee travel document used by or on behalf of the government of New Zealand	<input type="checkbox"/>	8. A New Zealand Police or New Zealand Defence Force photo identity card issued to non-civilian staff	<input type="checkbox"/>

5. Confirmation of Address for Service

<p>Please enclose a COPY of one of the following items to confirm your address, signed by your referee. (refer Section 6) The document must have both your name and current address for service on them. Please tick the included item.</p>	1. An account statement issued by your bank, building society, credit union or credit card company, within the last 12 months	<input type="checkbox"/>
	2. A telephone, gas or electricity account issued within the last six months	<input type="checkbox"/>
	3. Another form of identity with name and address issued within the last twelve months.	<input type="checkbox"/>
	4. Signed document on letter headed paper from your address for service location (eg flying school or solicitor) with your name and address.	<input type="checkbox"/>

6. Referee to Confirm Identity

Referee Requirements	Referee Details	
<p>A referee MUST:</p> <ul style="list-style-type: none"> Hold a position of standing in the community; e.g. Solicitor, Police Officer, Justice of the Peace, Member of Parliament, Chief Flying Instructor or Chief Engineer, CAA accepted Senior Person of a certified Aviation Organisation, Be contactable during normal business hours and be willing to confirm the identity of the applicant. <p>A referee MUST NOT:</p> <ul style="list-style-type: none"> Be related to the applicant, Be a partner or spouse of the applicant, Be a resident at the same address as the applicant. <p>Referee to certify:</p> <ul style="list-style-type: none"> Confirming identity of applicant. 	<p>Title (Mr/Mrs/Ms/Miss)</p> <p>Last Name</p> <p>Given Name(s)</p> <p>Postal Address</p> <p>Occupation / Position</p> <p>Tel <input type="text"/> Mob <input type="text"/></p> <p>Email Address <input type="text"/></p>	
	Referee Certification	
	<p>I certify that _____ (applicant's name), is the person identified in the attached documents. I confirm that I meet the requirements for a referee.</p>	
	Referee's Signature	Date

Name		CAA ID		Date	
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7. Fit and Proper Person Assessment

<p>THE INFORMATION SOLICITED HEREIN IS REQUIRED PURSUANT TO SECTION 9 OF THE CIVIL AVIATION ACT 1990, REQUIRING APPLICANTS MEET THE FIT AND PROPER PERSON TEST.</p> <p>Please ensure you complete all sections, a) to m):</p> <p>Note:</p> <ul style="list-style-type: none"> If you answer "Yes" to any of the questions, please provide details below. If you need to continue on separate sheets, these may be attached in a separate envelope marked 'Confidential'. 	For the following questions, please tick the <u>relevant</u> box		Yes	No
	a)	Have you, in any country, previously had an application for an aviation document rejected?	<input type="checkbox"/>	<input type="checkbox"/>
	b)	Have you, in any country, 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)?	<input type="checkbox"/>	<input type="checkbox"/>
	c)	Have you, in any country, been convicted of any transport safety regulatory offence?	<input type="checkbox"/>	<input type="checkbox"/>
	d)	Have you, in any country, been issued a traffic infringement notice or incurred any other traffic offence?	<input type="checkbox"/>	<input type="checkbox"/>
	e)	Have you, in any country, during the past 5 years been issued a warning letter in relation to transport regulatory issues?	<input type="checkbox"/>	<input type="checkbox"/>
	f)	Have you, in any country, during the past 5 years been handled by way of diversion in respect of any transport offences?	<input type="checkbox"/>	<input type="checkbox"/>
	g)	Are you, in any country, presently facing charges for transport safety regulatory offences?	<input type="checkbox"/>	<input type="checkbox"/>
	h)	Have you, in any country, been convicted for any offence?	<input type="checkbox"/>	<input type="checkbox"/>
	i)	Have you, in any country, been handled by way of diversion for any offence?	<input type="checkbox"/>	<input type="checkbox"/>
	j)	Are you, in any country presently facing charges for any offence?	<input type="checkbox"/>	<input type="checkbox"/>
	k)	Do you have a history of any physical health problems that could potentially affect your ability to discharge the obligations that relates to this assessment? (If in doubt consult your GP or health professional).	<input type="checkbox"/>	<input type="checkbox"/>
	l)	Do you have a history of any mental health problems that could potentially affect your ability to discharge the obligations that relate to this assessment? (If in doubt consult your GP or health professional).	<input type="checkbox"/>	<input type="checkbox"/>
	m)	Do you have a history of any serious behavioural problems that could potentially affect your ability to discharge the obligations that relate to this assessment? (an example would be serious behavioural issues involving alcohol or drugs)	<input type="checkbox"/>	<input type="checkbox"/>

Details/Explanation – Please attach separate pages if required. These should be signed and dated.

		Separate pages attached	<input type="checkbox"/>
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8. Criminal Conviction / Transport Offence History

All applicants must provide official records of their Criminal and Transport Offence History from all countries, **including New Zealand**, which they have resided in for more than 6 consecutive months within the past 5 years.

List all countries, including NZ , with relevant dates that you have resided in for a consecutive period of more than 6 months within the past 5 years.	Country	From	To
	1. New Zealand	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2.		
	3.		

<p>When obtaining the official records for:</p> <p>1. NZ - complete sections a) and b)</p> <p>2. Countries outside of NZ - complete section c)</p> <p>Note:</p> <ul style="list-style-type: none"> The conviction and traffic offence reports must be 	<p>a) Attach a report of your criminal conviction history from the Ministry of Justice</p> <p><i>Note: must be issued within the immediately preceding 3 months</i></p> <p>This report can be obtained by submitting a Ministry of Justice Request for your own Criminal Conviction History form to the Ministry's Privacy Unit. DO NOT request a record of any convictions that will be concealed if you meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004. The Request your own Criminal Conviction History form can be downloaded from the Ministry of Justice website www.justice.govt.nz/services or phone 04 918 8800, or is available from District Courts.</p>
	<p>b) Attach a NZ Transport Agency Demerit Points and Suspension History Report</p> <p><i>Note: must be issued within the immediately preceding 3 months.</i></p> <p>Report required for all applicants, even if not holding a NZ drivers licence</p>

Name		CAA ID		Date	
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<p>submitted with this form even if they detail nil convictions.</p> <ul style="list-style-type: none"> They must be current within 3 months of date of application (or on leaving a country). They may be attached in an envelope marked 'Confidential'. 	<p>This report can be obtained by requesting a Demerit Points and Suspension History Report from the "Driver Licensing Administration, Transport Registry Centre, NZ Transport Agency, Private Bag 11777, Palmerston North 4442" or by phoning 0800 822 422 (within NZ) Monday to Friday, 8am-6pm.</p> <p>Note: There is a fee for this report (Credit Card payments accepted)</p> <p>Your request must specify your; Driver's Licence Number, Full Name, Date of Birth, Physical and Postal Address, Email and Contact Phone Number.</p>
	<p>c) Attach a report of your <u>criminal record history</u>, including <u>transport offence history</u> from all countries outside NZ in which you have resided in for more than 6 consecutive months within the last 5 years (this may require separate criminal history and transport history reports, depending on the country).</p>

9. Declaration

<p>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.</p>	<p>I declare that to the best of my knowledge and belief the statements made and the information supplied in this questionnaire and the attachments are complete and correct.</p> <p>Consent to Disclosure and Collection</p> <p>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 the following information about me: my knowledge and compliance with transport safety regulatory requirements; my physical or mental health or serious behavioural problems; any criminal investigations, charges or convictions, including any matters relating to any transport safety offence. However I do not consent to the release of any information to which the clean slate scheme applies, pursuant to the Criminal Records (Clean Slate) Act 2004.</p> <p>I authorise the Director to use, and disclose, the information obtained about me for any purpose associated with the lawful functions of the Director and the Civil Aviation Authority under the Civil Aviation Act 1990, or other such purpose permitted by law.</p>		
	<p>Applicant's Signature</p>		<p>Date</p>

10. Applicant's Check List

Note: This questionnaire must be accompanied by an application form or letter - do not send in separately

<p>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</p> <p>NOTE: If you intend to apply for an aviation document or nominated senior person position within the next 5 years you will be required to supply the date of completion of this questionnaire.</p> <p>NB: Please keep a copy for your own reference.</p>	1. Confirmation of Identity	Yes	N/A
	2. Confirmation of Address for Service	<input type="checkbox"/>	
	3. Confirmation of Name Change (if required)	<input type="checkbox"/>	<input type="checkbox"/>
	4. Ministry of Justice Report - issued within the immediately preceding 3 months (or equivalent from overseas - current within 3 months of leaving country)	<input type="checkbox"/>	
	5. NZ Transport Agency Report - issued within the immediately preceding 3 months (or equivalent from overseas - current within 3 months of leaving country)	<input type="checkbox"/>	
	6. Declaration signed; Name, ID (if known) and Date completed at top of each page	<input type="checkbox"/>	
	7. CV (for nominated senior person)	<input type="checkbox"/>	<input type="checkbox"/>

Attach this questionnaire to the relevant application form and post to:

Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand

CAA USE ONLY

Assessment:			
Fit and Proper Person determination: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name:		Signature:	
Position:		Date:	