

Application for exchange to new format Licence

Notes to applicants:

1. Please use Form [CAA600](#) for a replacement licence, when licence has been lost or damaged
2. For further information on the new format licence refer to www.caa.govt.nz and see heading [Pilots](#)

1. Personal Details

NZ CAA Client / 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 - 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.							
Tel		Mob					
Fax		Email					
Postal Address (if different from Address for Service)							
Tel		Mob					
Fax		Email					

2. Licence you are exchanging

Please tick appropriate box(es).	Part 61 Pilot (A) (H) (RPL) <input type="checkbox"/>	Part 65 ATC <input type="checkbox"/>	Part 66 AMEL <input type="checkbox"/>
	NOTE: You must send in your current licence(s) as part of the exchange process.		

3. Exchange Fee

Fee - \$99.00 (incl GST) per licence DO NOT SEND CASH. Please fill in credit card details.	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Expiry Date (mm/yy) /
	Name on Card
	Card Number
	Exchange Fee \$99.00 <input type="checkbox"/>

CAA USE ONLY

Product Code	Receipt No.	Receipt Date	W/R No.
EXCHANGE			

4. Declaration

<p><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></p>	<p>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.</p> <p>Consent to Disclosure & 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 my knowledge & compliance with transport safety regulatory requirements.</p> <p>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.</p>		
	<p>Applicant's Signature</p>		<p>Date</p>

5. Applicant's Check List

<p><i>Please ensure your licence is enclosed. Applications which are incomplete will be returned.</i></p>	1. Your current Licence(s) is enclosed	<input type="checkbox"/>
	2. Fee details completed	<input type="checkbox"/>
	3. Name and ID completed at top of this page	<input type="checkbox"/>

Post this form to:
Personnel Licensing, Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand
Please allow 10 working days from date of receipt for processing application