

**REMOVAL REQUEST – IRREVOCABLE DE-REGISTRATION AND EXPORT REQUEST AUTHORISATION – Section 111 of the Civil Aviation Act 1990**



**Instructions and advice for completing this form:**

1. Entries should be typed or printed in block letters.  
*Note: Please ensure all sections of this form are completed accurately and the fee is paid, the incomplete/unpaid application may be returned and cause delays.*

2. Article XIII of the protocol to the Cape Town Convention provides for the irrevocable delegation of authority to deregister aircraft (IDERA) by the registered owner to a third party.

3. The IDERA form must be in the form specified in the international Interests in Mobile Equipment (Cape Town Convention) Act 2005 (“the Act”) and must be signed by the aircraft registered owner.

4. **\*The original Irrevocable De-Registration and Export Request Authorisation as stamped by the Authority and returned to the Authorised Party or his agent must be attached to this application.**

Submit this form to: Aircraft Registrar, Civil Aviation Authority, PO Box 3555, Wellington 6140.  
 Email: aircraftregistrationclerk@caa.govt.nz

**Section A: Application**

a. Registered Owner:								
		<i>Surname</i>		<i>Forename(s)</i>		<i>Client ID No. (if known)</i>		
Tel:		Fax:		Email:				

**Section B: Aircraft Description**

Aircraft			
Manufacturer:			
Model Designation:		Serial Number:	
(together with all installed, incorporated or attached accessories, parts and Equipment, THE “AIRCRAFT”)		Registration:	<b>ZK-</b>

The undersigned is the AUTHORISED PARTY under Article XIII of the Protocol to the Cape Town Convention on International Interests in Mobile Equipment on Matters Specific to Aircraft and in relation to aircraft.

Wishes to remove the IDERA dated \_\_\_\_\_ as recorded on the Aircraft Register maintained by the New Zealand Civil Aviation Authority.

Name of Authorised Party: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Authorised Party Approved Signatory(s). (Original signature indelible)

\*Print Name(s) \_\_\_\_\_ Title \_\_\_\_\_

\*Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

\* = Mandatory

**CAA Office use:**
