

Application for Issue of a Validation Permit For Pilots Only Wishing to Undertake Short Term Private VFR Operations in New Zealand

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					
Postal Address									
Tel					Mob				
Fax					Email				

2. Overseas Flight Crew Licence Held

<i>Please tick appropriate boxes.</i>	Aeroplane <input type="checkbox"/>	Helicopter <input type="checkbox"/>	Other <input type="checkbox"/>
	If Other, please specify		
	Private Pilot (PPL) <input type="checkbox"/>	Commercial Pilot (CPL) <input type="checkbox"/>	Airline Transport Pilot (ATPL) <input type="checkbox"/>
	Licence Number		
	Issued by (name of issuing authority eg FAA)		

3. Intended Operations

<i>Please give details of the duration required and the type of operations intended with the validation.</i>	Length of Validity Period required <i>(max 6 months)</i>
	Type of operations intended <i>(Short term private VFR flights only)</i>
	Details
	Type of aircraft intended to be flown (NZ BFR to be completed on this type)

CAA USE ONLY

FATPI	Receipt Date	W/R No.

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 all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</i></p>	1. Copy of your current overseas flight crew licence (including Flight Radio Telephone Operator rating or licence)	<input type="checkbox"/>
	2. Copy of your current overseas medical certificate	<input type="checkbox"/>
	3. Completed Flight Experience Summary (see page 3)	<input type="checkbox"/>
	4. Copy of completed NZ BFR certification	<input type="checkbox"/>
	5. Evidence that type rating(s) are held on aircraft that you intend to fly in New Zealand	<input type="checkbox"/>
	6. Evidence of Terrain & Weather Awareness at PPL Level	<input type="checkbox"/>
	7. Evidence of ICAO English Language Proficiency requirements (at least level 4)	<input type="checkbox"/>
	8. Details of intended operations (Section 3 on page 1 completed)	<input type="checkbox"/>
	9. Fee	<input type="checkbox"/>
	10. Name completed at top of pages	<input type="checkbox"/>

Scan this form and email to licensing@caa.govt.nz, or post to

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

Flight Experience Summary - Please complete and return with Application Form

	Aeroplane	Helicopter
1. Total Flight Time		
2. Total Pilot in Command		
3. Total Night Flight Time		
4. Night Pilot in Command		
5. Total Multi-engine Flight Time		
6. Multi-engine Pilot in Command		
7. Total Instrument Time		
8. Instrument Flight Time		
9. Cross Country navigation		
10. Cross Country Instruction		
11. Total Flight Instruction		
12. Night Flight Instruction		
13. Spinning/aerobatic Flight Instruction		
14. Multi-engine Instruction		
15. Sling Load		
16. Terrain & Weather Awareness at PPL Level		
17. Mountainous Terrain Operations		
18. Agricultural Operations		

Balloon Operations	
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Other relevant flight experience

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Certified true and correct..... Date.....

Print Name.....

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Name _____ CAA ID _____

Fees

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