

Applicant's Specimen Signature

## Application for Amendment to an Air Traffic Service Licence

### 1. Personal Details

|   |  |  |           |                                    |       |  |  |  |  |
|---|--|--|-----------|------------------------------------|-------|--|--|--|--|
| NZ CAA Client / Licence Number<br><i>(if known)</i>   |  |  |           | Date of Birth<br><i>(dd/mm/yy)</i> |       |  |  |  |  |
| Title <i>(Mr/Mrs/Ms/Miss)</i>   |  |  | 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> |  |  |           |                                    |       |  |  |  |  |
|   |  |  |           |                                    |       |  |  |  |  |
|   |  |  |           |                                    |       |  |  |  |  |
| Tel   |  |  |           |                                    | Mob   |  |  |  |  |
| Fax   |  |  |           |                                    | Email |  |  |  |  |
| Postal Address <i>(if different from Address for Service)</i>   |  |  |           |                                    |       |  |  |  |  |
|   |  |  |           |                                    |       |  |  |  |  |
|   |  |  |           |                                    |       |  |  |  |  |
| Tel   |  |  |           |                                    | Mob   |  |  |  |  |
| Fax   |  |  |           |                                    | Email |  |  |  |  |

### 2. Amendment Requested

|  |                               |                          |  |                          |
|--|-------------------------------|--------------------------|--|--------------------------|
| <i>Please tick the rating type(s) or endorsement. You must include your Air Traffic Services Licence and a photocopy of logbook page showing ATS Examiner Certification of Competence.</i>                             | Aerodrome Control             | <input type="checkbox"/> | Oceanic Air-Ground                               | <input type="checkbox"/> |
|  | Approach Control Procedural   | <input type="checkbox"/> | Area Flight Information                          | <input type="checkbox"/> |
|  | Approach Control Surveillance | <input type="checkbox"/> | Aviation English Language Proficiency Assessment | <input type="checkbox"/> |
|  | Area Control Procedural       | <input type="checkbox"/> |  |                          |
|  | Area Control Surveillance     | <input type="checkbox"/> |  |                          |
|  | Aerodrome Flight Information  | <input type="checkbox"/> |  |                          |
| <b>Aviation English Language Proficiency Assessment Credit</b><br><i>- refer to CAA web site and AC65.1 for further info. - <a href="#">Link to information on CAA web site</a> and <a href="#">Link to AC65-1</a></i> |                               |                          |  |                          |

### CAA USE ONLY

|             |              |         |
|-------------|--------------|---------|
| Receipt No. | Receipt Date | W/R No. |
|             |              |         |

Name \_\_\_\_\_ CAA ID \_\_\_\_\_

### 3. 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><b>Consent to Disclosure &amp; Collection</b></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 &amp; 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><b>Applicant's Signature</b></p>   |  | <p><b>Date</b></p> |

### 4. Applicant's Check List

|   |   |                          |
|---|---|--------------------------|
| <p><i>Please ensure all documents are enclosed.</i></p> <p><i>Applications which are incomplete or lacking any required documents will be returned.</i></p> | 1. Copy of Air Traffic Services Licence                                       | <input type="checkbox"/> |
|   | 2. Photocopy of logbook page showing ATS Examiner Certification of Competence | <input type="checkbox"/> |
|   | 3. Name and ID completed at top of page 2 and 3                               | <input type="checkbox"/> |
|   | 4. Specimen Signature at top of page 1  | <input type="checkbox"/> |
|   | 5. Fee  | <input type="checkbox"/> |
|   | 6. Aviation English Language Proficiency Assessment Credit (refer Section 2)  | <input type="checkbox"/> |

Scan this form and email to [licensing@caa.govt.nz](mailto:licensing@caa.govt.nz), or post to

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

Name \_\_\_\_\_ CAA ID \_\_\_\_\_

**Fee**

|   |                               |                                     |                     |   |  |
|---|-------------------------------|-------------------------------------|---------------------|---|--|
| <i>Amendment Fee is \$131.00 incl GST. Unless the full fees are paid, applications will not be processed.</i> | Visa <input type="checkbox"/> | Mastercard <input type="checkbox"/> | Expiry Date (mm/yy) | / |  |
|   | Name on Card                  |                                     |                     |   |  |
|   | Card Number                   |                                     |                     |   |  |
| <b>DO NOT SEND CASH.</b> Please fill in credit card details.  |                               |                                     |                     |   |  |