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Applicant's Specimen Signature

Exchange to a NZ Part 66 Licence From Previous NZ CAA AME Licence

A completed Fit and Proper Person Questionnaire, form CAA 24FPP or CAA 24FPPDEC, is required with this application. Refer to the 24FPP form for guidance on the appropriate form to be used.

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					
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. Licence Category

<i>Please indicate required Licence Category. You must enclose your previous licence.</i>	Aeroplane	<input type="checkbox"/>	Rotorcraft	<input type="checkbox"/>	Powerplant	<input type="checkbox"/>	Electrical	<input type="checkbox"/>
	Instrument	<input type="checkbox"/>	Radio	<input type="checkbox"/>	LTA Aircraft	<input type="checkbox"/>	Components	<input type="checkbox"/>

CAA USE ONLY

Receipt No.	Receipt Date	W/R No.

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>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>

4. 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 previous licence enclosed	<input type="checkbox"/>
	2. Fee completed	<input type="checkbox"/>
	3. Specimen Signature at top of page 1	<input type="checkbox"/>
	4. Name and ID completed at top of page 2	<input type="checkbox"/>
	5. Fit and Proper Person Questionnaire – either 24FPP or 24FPPDEC	<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

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											Yes	No	N/A			
Examinations											Old Licence Enclosed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required											Fee correct			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passed																
Comments																
Assessing Officer											Date					

Name _____ CAA ID _____

Fee (incl GST)

<i>Fee is \$197.00.</i>	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.					