

Application for Inspection Authorisation Certificate – Initial Issue or Renewal

Note for Applicants: A completed Fit and Proper Person Questionnaire, form CAA 24FPP or CAA 24FPPDEC, is required with this application when applying for Initial Issue of an Inspection Authorisation Certificate. 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. Application Details

Application for	Initial Issue	<input type="checkbox"/>	Renewal Issue	<input type="checkbox"/>		
I agree to my name being published and/or listed in electronic media as being the holder of an Inspection Authority.			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Note: Separate Application Required for IA Course on Form 24066/11						

CAA USE ONLY

Receipt No.	Receipt Date	W/R No.
INSPCERT		

3. Declaration

<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>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>I hereby certify that I have met the eligibility requirements for the issue of an IA Certificate in Rule 66.203 and the recent experience requirements for AMEL in Rule 66.57.</p>		
	Applicant's Signature		Date

4. Applicant's Check List

<i>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</i>	1. Fee <input type="checkbox"/>
	2. Name and ID completed at top of page 2 <input type="checkbox"/>

Post this form to:
Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand

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Initial Issue Eligibility	Yes	No
1. AMEL Licence valid for at least 60 months, recent experience requirements met	<input type="checkbox"/>	<input type="checkbox"/>
2. Aeroplane and power-plant or rotorcraft and power-plant categories held	<input type="checkbox"/>	<input type="checkbox"/>
3. Licence rated	<input type="checkbox"/>	<input type="checkbox"/>
4. Subject 009 credit held	<input type="checkbox"/>	<input type="checkbox"/>
5. Subject 025 credit held	<input type="checkbox"/>	<input type="checkbox"/>
6. Grant of certificate will not be contrary to the interests of aviation safety	<input type="checkbox"/>	<input type="checkbox"/>
7. Fit and Proper Person questionnaire completed – either 24FPP or 24FPPDEC	<input type="checkbox"/>	<input type="checkbox"/>

Renewal Eligibility	Yes	No
1. Completed renewal training course	<input type="checkbox"/>	<input type="checkbox"/>
2. AMEL Licence valid for at least 60 months, recent experience requirements met	<input type="checkbox"/>	<input type="checkbox"/>
3. Grant of certificate will not be contrary to the interests of aviation safety	<input type="checkbox"/>	<input type="checkbox"/>

Justification			
Issuing Officer		Date	

Name _____ CAA ID _____

Fees (incl GST)

<i>Fee is \$266.00.</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.					