

**Application for amendment of an
Aerodrome Operating Certificate under CAR Part 139**



Application requirements and instructions for completing the form

- a) Please ensure all documents are enclosed. No application will be processed until all required documentation and applicable fees are received.
The CAA Standard Rate hourly charge applies. Follow the link for information on [fees and charges](#).
- b) The application must include the amended exposition as required by rule 139.77.
- c) Current certificate holders seeking to implement a system for safety management must submit a completed Application for Approval of SMS Implementation Plan form [24100/01](#) with an SMS implementation plan. The deadlines to submit a plan and obtain certification are detailed in [Transition requirements](#).
- d) Further notes and instructions are included in the grey margins of the different sections.
- e) Use additional sheets such as those included at the end of the form to provide further details and explanations that do not fit in the original sections of the form.

1. Organisation Details

| | | | |
|-----------------------------------|----------------------|----------------------|----------------------|
| CAA Participant Number (if known) | <input type="text"/> | Companies Office No. | <input type="text"/> |
| Legal Name of Organisation | <input type="text"/> | | |
| Trading or Division name (if any) | <input type="text"/> | | |

Only fill this part of the section if changes are being made.

Address for Service

The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address, not a P.O. Box) and to promptly notify the Director of any changes.

Postal Address

(if different from Address for Service)

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | <input type="text"/> | Post Code | <input type="text"/> |
| Tel | <input type="text"/> | Tel | <input type="text"/> |
| Fax | <input type="text"/> | Fax | <input type="text"/> |
| Email | <input type="text"/> | Email | <input type="text"/> |

Your reference – or –

Details of the person who may be contacted for further information

| | | | |
|------|----------------------|----------|----------------------|
| Name | <input type="text"/> | Position | <input type="text"/> |
| Tel | <input type="text"/> | Mobile | <input type="text"/> |
| Fax | <input type="text"/> | Email | <input type="text"/> |

2. What are you changing?

Indicate the change you are proposing in your organisation. More than one box may be ticked.

Complete the relevant sections of the form as indicated at far right.

Sections 1, 2, 3, 6 and 7 are required for all applications.

The line numbers align with the section numbers on the Approvals Specification

| | | | |
|----|-------------------------------|--------------------------|--------------------|
| 1. | Address for service | <input type="checkbox"/> | |
| 2. | Trading name | <input type="checkbox"/> | |
| 3. | Aerodrome type and facilities | <input type="checkbox"/> | Complete section 4 |
| 4. | Nominated senior persons | <input type="checkbox"/> | Complete section 5 |
| 5. | System for safety management | <input type="checkbox"/> | Complete section 4 |
| 6. | Aerodrome limitations | <input type="checkbox"/> | Complete section 4 |
| | Other | <input type="checkbox"/> | |

3. Exposition

List the **exposition** manual(s) required by CAR 139.77 that are being amended for this proposed change

| Manual Titles | Amendment No. and date |
|---------------|------------------------|
| | |
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| | |

4. Details of Change

Provide a summary of the changes you are proposing to make to your organisation

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5. Senior Persons

Separate forms must accompany this application for each of the nominated senior persons as shown below.
Form [CAA 24FPP](#) or [24FPPDEC](#), and CV

Note also the transitional provisions related to SMS in Rule 139.551

| Nominated persons area(s) of responsibility as per 139.51(a) | Name & company title | Participant No. (if known) |
|--|----------------------|----------------------------|
| Chief Executive | | |
| | | |
| | | |
| | | |
| | | |

Indicate any senior persons that are being removed from the organisation's certificate.

Removed persons

I hereby nominate the above person(s) for the responsibilities indicated.

| | |
|--|-------------|
| Signature of Chief Executive or Board Chairperson | Date |
|--|-------------|

6. Declaration by Chief Executive

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 a body corporate, to a maximum fine of \$50,000.

I have obtained a current copy of NZCAR Part 139 and all relevant advisory circulars, and have read and understood the contents as they apply to this application. I also have a current copy of CAR Parts 1 and 12 as applicable.

This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out in accordance with the requirements of the Civil Aviation Act 1990, Section 12.

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.

| | |
|-------------------------------------|--------------------------------------|
| Full Name of Chief Executive | Participant Number (if known) |
| Signature | Date of application |

7. Applicant's Checklist – please take the time to check and complete this section

Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will not be processed.

**Applicants seeking to implement a system for safety management must include a form CAA 24001/01 with an implementation plan for SMS.*

Deadlines are detailed in [Transitional requirements](#), Rule 139.551.

- | | | |
|----|---|--------------------------|
| 1. | All necessary sections completed | <input type="checkbox"/> |
| 2. | Amended company exposition enclosed | <input type="checkbox"/> |
| 3. | CAA 24FPP/24FPPDEC and CV for the nominated senior persons enclosed | <input type="checkbox"/> |
| 4. | *Form CAA 24100/01 enclosed (as applicable) | <input type="checkbox"/> |
| 5. | Additional attachments enclosed as per this list: | <input type="checkbox"/> |

Submit the completed application together with the appropriate fee and supporting documentation to:

Manager Aeronautical Services

Civil Aviation Authority, P O Box 3555, Wellington 6140, New Zealand

AeronauticalServices@caa.govt.nz

Use this sheet if you need to provide further information or explanations that do not fit in the original sections of the form.

| Section | Additional details or explanations |
|---------|------------------------------------|
| | |
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