

Application for issue, renewal or amendment of an Aviation Training Organisation Certificate under Civil Aviation Rules, Part 141

Note: The CAA Standard Rate hourly charge applies.

1. Reason for Application

Please indicate the application being made. Please then complete the relevant sections of the form	<input type="checkbox"/> Initial Issue: Complete all sections, apart from Section 8 Note: If applying for a Restricted Certificate, complete sections 1-4 & 6-11
	<input type="checkbox"/> Renewal: Complete sections 1-4 and 9-11 as a minimum Complete those additional sections appropriate for the renewal if amending certificate
	<input type="checkbox"/> Amendment: Complete sections 1-3 and 10-11 as a minimum Complete those additional sections appropriate to the requested amendment. If you wish to add additional text explaining the amendment, please do so here:

2. Organisation Questionnaire

The following questions must be answered for initial application and renewal. If answering "Yes", please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, Group Manager, Civil Aviation Authority". Include organisation name, client number (if known) and the type of certificate applied for.	Yes	No
Has the organisation been convicted for any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence?	<input type="checkbox"/>	<input type="checkbox"/>
Has the organisation previously had an application for an aviation document rejected or has an aviation document held by the organisation been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>

3. Organisation Details

NZ CAA Client / Licence Number (if known)			
Legal Name of Organisation - A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the company's office Certificate of Incorporation.			
Trading name (if any)			
Your reference (order number/contact person or other reference)			
Address for Service - 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.			
Tel		Mob	
Fax		Email	
Postal Address (if different from Address for Service)			
Tel		Mob	
Fax		Email	

4. Training Courses and/or Training Assessments Applied For

	Training Courses		Remarks
<p><i>Mark appropriate box(es) to indicate ratings/assessments applied for.</i></p> <p><i>The following courses or assessments can currently be done without seeking specific approval: Any pilot licence training – PPL or CPL; Any Instructor training; Instrument rating training – ground and air.</i></p>	<input type="checkbox"/>	P1 Pilot type rating – specific to type	<i>Aeroplanes over 5700kg; multi-engined helicopters; single engined helicopters over 1500kgs.</i>
	<input type="checkbox"/>	P2 Pilot licence training (a/c & helicopter)	<i>Applicable only for reduced hours courses.</i>
	<input type="checkbox"/>	P3 Flight instructor – instructional techniques course Cats “C” & “D”	
	<input type="checkbox"/>	P4 Pilot chemical rating	
	<input type="checkbox"/>	P5 Basic gas turbine rating	
	<input type="checkbox"/>	P6 Flight simulators – specific to type	
	<input type="checkbox"/>	P7 Cat II & III ILS approaches	
	<input type="checkbox"/>	P8 Aerobatic flight rating	
	<input type="checkbox"/>	P9 EDTO	
	<input type="checkbox"/>	P10 Agricultural rating	
	<input type="checkbox"/>	P11 Advanced mountain flying	
	<input type="checkbox"/>	P12 Robinson Safety Awareness Training	
	<input type="checkbox"/>	E1 Engineer type rating training	
	<input type="checkbox"/>	E2 Engineer licence training	
	<input type="checkbox"/>	E3 Flight engineer type rating	
	<input type="checkbox"/>	E4 Flight engineer licence training	
	<input type="checkbox"/>	M1 Dangerous goods	
	<input type="checkbox"/>	M2 Aviation medical training - Hypoxia	
	<input type="checkbox"/>	M3 Human factors	
	<input type="checkbox"/>	M4 Cabin crew emergency procedures	
	<input type="checkbox"/>	M6 Crew Training – 121/125/135/102 – AQP	<i>As applicable</i>
	<input type="checkbox"/>	M7 Cabin crew training	<i>As applicable</i>
	<input type="checkbox"/>	M8 Safety Management	

Organisation Name _____

Assessments			Remarks
<input type="checkbox"/>	A1	PPL demonstration flight test to recommend issue	<i>Only available under DCA's delegation</i>
<input type="checkbox"/>	A2	CPL demonstration flight test to recommend issue	
<input type="checkbox"/>	A3	ATPL Flight test	<i>Only available under DCA's delegation</i>
<input type="checkbox"/>	A4	Flight instructor rating – initial issue	
<input type="checkbox"/>	A5	Instrument rating	
<input type="checkbox"/>		Additional aid	
<input type="checkbox"/>		Continued competency	
<input type="checkbox"/>	A6	Multi-engine	
<input type="checkbox"/>		Instructor rating – currency test	
<input type="checkbox"/>		Cat “A”	
<input type="checkbox"/>		Cat “B”	<i>Instrument demonstration applicable to Cat “D” only.</i>
<input type="checkbox"/>		Cat “C”	
<input type="checkbox"/>	A7	Instructor rating – additional privileges	
<input type="checkbox"/>		Aerobatic	
<input type="checkbox"/>		Night	
<input type="checkbox"/>		Spinning	
<input type="checkbox"/>		Instrument	
<input type="checkbox"/>		Multi-engine	
<input type="checkbox"/>		Mountain Flying	
<input type="checkbox"/>		Robinson Safety Awareness Training (A and B Cat Instructor)	
<input type="checkbox"/>	A8	Operational Competency – Parts 121/125/135/115 operations	
<input type="checkbox"/>	A9	Aerobatic flight rating	
<input type="checkbox"/>	A10	Agricultural rating	
<input type="checkbox"/>	A11	Helicopter winching, rappelling & human sling load	

5. Senior Persons

<p><i>For initial issue or for a change of Senior Persons, a Fit and Proper Questionnaire, CAA 24FPP or CAA 24FPPDEC, must be completed for each of the senior persons nominated. Refer to the form 24FPP for guidance on the appropriate form to use. A CV must also be enclosed.</i></p> <p><i>Note also that the Transition Provisions related to SMS are detailed in Part 141.201</i></p>	Titles and names of senior persons (<i>refer NZCAR Part 141.51</i>)	CAA Client ID (<i>if known</i>)

6. Facilities and Resources

<p><i>Provide brief details of the facilities and resources that are to be used to provide the training. (Refer NZCAR 141.53 for Standard Certificate, or NZCAR 141.151 (a)(3) for Restricted Certificate.</i></p>	

7. List of Personnel

<p><i>List those personnel, together with their qualifications and experience, who are to plan, conduct and supervise the training and assessment listed in Section 6. (Refer NZCAR Part 141.151(a)(1) and (2)).</i></p>	

8. For a Restricted Certificate – Technical Standards and Documentation

<p><i>List details of all relevant technical standards and practices and any other documentation that is necessary for the provision of the proposed training course. (Refer NZCAR Part 141.151(a)(4)).</i></p>	

9. 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 a body corporate, to a maximum fine of \$50,000.</i></p>	<p>I have a current copy of NZCAR Part 141 and have read and understood its contents as it applies to this application for a Standard or Restricted Aviation Training Organisation Certificate, or renewal or amendment of the Certificate. I also have a copy of AC 141. I am aware of my responsibilities under Section 12 of the Civil Aviation Act 1990. This application is made for and on behalf of the organisation identified in section 3. 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 NZCAR Part 141.51(a)(1).</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>Full Name of Chief Executive</p>		<p>Client Number (if known)</p>	
<p>Signature</p>		<p>Date of Application</p>	

10. Applicant's Checklist

		Yes	N/A
<p><i>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</i></p> <p><i>*Applicants for a new certificate must include a form CAA 24001/01 with an implementation plan for SMS. Current certificate holders have until the dates detailed in Transitional Provisions, Part 141.201, to submit a plan.</i></p>	1. All necessary sections completed	<input type="checkbox"/>	<input type="checkbox"/>
	2. Details from Section 2 enclosed if applicable	<input type="checkbox"/>	<input type="checkbox"/>
	3. CAA 24FPP/24FPPDEC and CV for each Nominated Senior Person	<input type="checkbox"/>	<input type="checkbox"/>
	4. Reason for Amendment in Section 1	<input type="checkbox"/>	<input type="checkbox"/>
	5. *CAA 24100/01 Application for approval of SMS Implementation Plan	<input type="checkbox"/>	<input type="checkbox"/>
	6. Fees	<input type="checkbox"/>	<input type="checkbox"/>
	7. Name completed at the top of each page	<input type="checkbox"/>	<input type="checkbox"/>

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

CAA USE ONLY

Date Received		Receipt No.		Amount Paid	\$
Name of Assessor		Assessor's Signature		Date	
Database complete		Certificate issued		Schedule of conditions	

This page has been intentionally left blank.

Fees

Initial issue: For a **Standard Certificate**, a minimum charge of four hours at the prevailing standard hourly rate is payable in advance. For a **Restricted Certificate**, a minimum charge of one hour at the prevailing standard hourly rate applies. The charge is credited towards the total and a final adjustment will be made on completion of certification. Any additional charge is at the prevailing standard hourly rate for the time taken to assess and process the application. Follow this link for information on [fees and charges](#).

Renewal: Charge at the prevailing standard hourly rate for the time involved.

Please fill in credit card details or send a cheque.

Visa

Mastercard

Expiry date (mm/yy) /

DO NOT SEND CASH

Name on card

Card No.