

Applicant's Specimen Signature

Application for Replacement Licence

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(s) You Are Applying For Replacement Of

<i>Please tick the appropriate box(es)</i> If applying for an Aircraft Type Rating, <i>at the same time, you must also complete form CAA 24061/04.</i>	Aeroplane	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>	AME	<input type="checkbox"/>
	ATC	<input type="checkbox"/>	Other Document	<input type="checkbox"/>		
	If Other, please specify					

3. Explanation for Replacement Licence

State reason / circumstances for replacement – e.g. where and how licence lost/destroyed. NOTE: You must notify the loss of your licence to the NZ Police and obtain and submit a copy of the Police Report.	
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CAA USE ONLY

Product Code	Receipt No.	Receipt Date	W/R No.
MISREPL			

4. 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>		
	Applicant's Signature		Date

5. 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. Copy of police report	<input type="checkbox"/>
	2. Fee	<input type="checkbox"/>
	3. Specimen signature at top of page one	<input type="checkbox"/>
	4. Name and ID completed at top of this page	<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

Name _____ CAA ID _____

Fee

<i>Replacement Fee is \$99.00 (incl GST). There is no fee for the addition of 'aircraft type ratings' or 'instrument rating additional aids'</i>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Expiry Date (mm/yy)	/	
	Name on Card				
	Card Number				
<i>when applying at the same time. Unless the full fees are paid, applications will not be processed. For information relating to fees, refer to the Civil Aviation Charges Regulations. DO NOT SEND CASH. Please fill in credit card details.</i>					