Date:		CAA
		CIVIL AVIATION AUTHORIT OF NEW ZEALAND
Name:		Te Mana Rererangi Tūmatanui o Aotearo
Client ID:		
Address:		
Dear		
Extension of pethe Civil Aviation		ical Certificate in terms of Section 27I(5) of
On hereby extend	(copy attached), the suspension for ten work	I suspended your medical certificate. I ing days.
Yours sincerely		
Director of Civil	Aviation/Delegate	