***Part 67 application for replacement of a medical certificate***

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| 1. **Applicant details** | | | | | | | | | | | | |
| First names | | |  | | | | | Surname | |  | | | |
| CAA participant number | | |  | Date of birth | |  | | | |  | | | |
| Postal address | | |  | | | | | | | | | | |
| City/town | | |  | | | | Postcode | | |  | |  | |
| Certificate lost, destroyed or stolen | | | Class 1  Class 2  Class 3 | | | | | | | | | | |
| Certificate holder’s signature | | |  | | | | Date | | |  | |  | |
| 1. **Application** | | | | | | | | | | | | | |
|  | I am applying under CAR 67.65 for replacement of my medical certificate, which has been damaged.  **Please enclose the damaged certificate and mail with this application.** | | | | | | | | | | | | |
|  | I am applying under CAR 67.65 for replacement of my medical certificate which has been lost, stolen or destroyed.  **Please complete section 4 – Statutory declaration.** | | | | | | | | | | | | |
| 1. **Application fee** | | | | | | | | | | | | | |
| Pay online at <https://sec.caa.govt.nz/onlinepayment> and provide a copy of your receipt with the application. Applications will not be processed until evidence of payment is received. Do not send cash.  For further information on current fees and levies for aircraft please see our website [*Fees, levies, and charges | aviation.govt.nz*](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/). | | | | | | | | | | | | | |
| Receipt number | |  | | | | | | | Receipt date | |  | | |
| 1. **Statutory declaration** | | | | | | | | | | | | | |
| First names | | |  | | | | | Surname | |  | | | |
| CAA participant number | | |  | | Solemnly and sincerely declare that: | | | | | | | | |
| Please state why this application has been submitted | | |  | | | | | | | | | | |
| And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. | | | | | | | | | | |
| Certificate holder’s signature | | |  | | | | Authorised Officer signature | | |  | | | |
| Declared at | | |  | | | | Date | | |  | | | |

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| Send the completed form and damaged certificate (where applicable) to:  Email: [med@caa.govt.nz](mailto:med@caa.govt.nz)  Post: Aviation Medicine Team, PO Box 3555, Wellington 6140 |