**Fit and Proper Person Questionnaire**
**Medical Examiner Designation**

### Full Name: 

### Address for Service:
Civil Aviation Act, s8, requires applicants to provide an address for service (ie, a physical address) and to promptly notify the Director of any changes.

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<tr>
<th>Tel:</th>
<th>Fax:</th>
<th>Email:</th>
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</table>

### Postal Address:
If different from Address for Service.

<table>
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<th>Tel:</th>
<th>Fax:</th>
<th>Email:</th>
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**Fit and Proper Person Assessment**
The information solicited herein is required pursuant to Sections 9 and 10 of the Civil Aviation Act 1990, which provides for a fit and proper person test to be satisfied.

(a) Have you, in any country, previously had an application for an aviation document rejected?  
(b) Have you, in any country, been the holder of an aviation document, which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence)?  
* If answering “Yes”, please give details below:

<table>
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<tr>
<th>Yes*</th>
<th>No</th>
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(c) Have you, in any country, been convicted of any transport safety regulatory offence?  
(d) Are you, in any country, presently facing charges for transport safety regulatory offences?  
(e) Have you, in any country, been convicted for any offence?  
(f) Are you, in any country presently facing charges for any offence?  
(g) Have you any history of adverse physical or mental health or serious behavioural problems?  
(h) Have you been found guilty of malpractice of any kind?  
(i) Have you been the subject of or dealt with in disciplinary or similar proceedings relating to medical practice?  
(j) Are you currently being investigated for any disciplinary or similar matters by any medical registration authority?  
* If answering “Yes” to questions c to j above, please provide details on separate sheets (signed and dated) enclosed in a sealed envelope marked to “Confidential, Principal Medical Officer, Central Medical Unit, Civil Aviation Authority”.

<table>
<thead>
<tr>
<th>Yes*</th>
<th>No</th>
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Criminal Conviction History

All applicants must provide official records of their Criminal Offence History from all countries that they have resided in for more than 6 consecutive months within the past 5 years.

List all countries that you have resided in for a consecutive period of more than 6 months within the past 5 years.

1. 
2. 
3. 

(a) Attach a report of your criminal record history from the Ministry of Justice if you have resided in NZ for more than 6 consecutive months within the last 5 years.

This report can be obtained by submitting a Ministry of Justice Priv/FI form to the Ministry’s Privacy Unit. DO NOT request a record of any convictions that will be concealed if you meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004. The PTIVIFI form can be downloaded from the Ministry of Justice website www.justice.govt.nz/privacy/ or is available from District Courts.

(b) Attach a report of your criminal record history from all countries outside NZ in which you have resided in for more than 6 consecutive months within the last 5 years.

Note: The conviction reports must be submitted with this questionnaire even if they detail nil convictions. The report may be attached in an envelope marked to “Confidential, Principal Medical Officer, Central Medical Unit, Civil Aviation Authority”.

Declaration

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.

Consent to Disclosure and Collection

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 the following information about me: my knowledge and compliance with transport safety regulation requirements; my physical or mental health or serious behavioural problems; any criminal investigations charges or convictions, including any matters relating to any transport safety offence; information from the New Zealand Medical Council, Health and Disability Commissioner or equivalent organisation. However I do not consent to the release of any information to which the clean slate scheme applies, pursuant to the Criminal Records (Clean Slate) Act 2004.

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.

Signature: ___________________________ Date: __________

Post or deliver this form to: Civil Aviation Authority of New Zealand
PO Box 3555
Wellington 6140
Attention: Central Medical Unit

CAA USE ONLY

Assessment

Fit and Proper Person: Yes ☐ No ☐

Name: ___________________________ Signature: ___________________________ Date: __________

Position: ___________________________