

***Application to Amend an Unmanned Aircraft Operator Certificate Under Civil Aviation Rules, Part 102***

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| Application requirements and instructions for completing this form1. *The current standard hourly rate applies. Fees for amendments are not required in advance. Follow the link for information on* [*fees and charges*](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/)*. The CAA Standard Rate hourly charge applies. NOTE: If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising the payment in Section 2.*
2. *Please ensure all documents are attached.*
3. *The application must include the amended exposition as required by rule 102.11.*
4. *Further notes and instructions are included in the grey margins of the different sections of this form.*
5. *Use additional sheets such as those included at the end of the form to provide further details and explanations that do not fit in the original sections of the form.*
6. ***Submit the completed application and supporting documentation to either:***

***Email:*** *certification@caa.govt.nz****Post:***  *Certification Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140* |

# Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| CAA participant number (*if known)* |  | Companies Office number |  |
| Legal name of organisation  |  |
| Trading name *(if any)* |  |
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| *Only fill this part of the section if changes are being made.* |
| Address for service*The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand i.e. a physical address, not a PO box) and to promptly notify the Director of any changes.* | Postal address *(if different from address for service)* |
|       |       |
|        |       |
|        |       |
| Postcode |       | Postcode |       |
| Tel |       | Tel |       |
| Email |       | Email |       |
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| Details of the person who may be contacted for further information |
| Name |       | Position |       |
| Tel |       | Mobile |       |
| Email |       |  |

# Details for Invoice

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| *Please provide the name of the organisation or applicant and address for the invoice to be sent. If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising payment.* |
| The invoice is to be sent to: | [ ]  Applicant  | [ ]  Organisation |
| Applicant or Organisation Name: |       | CAA Participant No: |       |
| Name of the person authorising payment: *(If applicant, N/A)* |       | Purchase Order No: *(If applicable)* |       |
| Title/Position within the company:  |       |
| Email: |       | Phone: |       |
| Postal Address:*(For the invoice to be sent to individual or organisation)*  |       |
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| Signature:*(Of the applicant or person within the organisation authorising payment)* |  |  |

# What are you changing?

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| *Indicate the change you are proposing in your organisation. More than one box may be ticked.**Complete the relevant sections of the form as indicated at far right.**Sections 1, 2, 3, 8 and 9 are required to be completed for all applications.**The line numbers align with the section numbers on the operations specifications****NOTE: Prime person’s signature is required in sections 5 and 8*** | 1. | Locations  | **[ ]**  | Complete section 5 |
| 2. | Address for service | **[ ]**  | Complete section 1 |
| 3. | Trading name | **[ ]**  |  |
| 4. | Privileges of the certificate | **[ ]**  | Complete section 5 |
| 5. | Persons with responsibilities | **[ ]**  | Complete section 6 |
| 6. | Aircraft | **[ ]**  | Complete section 7 |
| 7 | Service providers (contractors) | **[ ]**  | Complete section 8 |
| 8. | Training programme | **[ ]**  | Complete section 5 |
| 9. | Competency assessments | **[ ]**  |
| 10. | Maintenance programme  | **[ ]**  |
|  | Other | **[ ]**  |

# Exposition

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| *List the* ***exposition*** *manual(s) required by CAR 102.11 that are being amended for this proposed change* | Manual titles | Amendment number and date |
|       |       |
|       |       |
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|       |       |

# Details of change

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| *Provide details of the changes you are proposing to make to your organisation* |
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# Prime person

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| --- | --- | --- | --- |
| *Separate forms must accompany this application for the prime person as shown below.**Form* [*CAA 24FPP*](http://www.caa.govt.nz/Forms/24FPP.pdf) *or* [*24FPPDEC*](http://www.caa.govt.nz/Forms/24FPPDEC.pdf)*, and CV**Only complete details for the position(s) being changed* | **Nominated persons** | Name andcompany title | Participant number*(if known)* |
|  | **Prime person (102.11(b)(1)** | Name |       |       |
|  |  | Title |       |  |
|  | **Person having control of aviation operation 102.11(2)** | Name |       |       |
|  | Including flight operations and supporting ground operations | Title |       |  |
|  | **Crew training** | Name |       |       |
|  |  | Title |       |  |
|  | **Crew assessment** | Name |       |       |
|  | If different from training | Title |       |  |
|  | **Control and scheduling of**  | Name |       |       |
|  | **maintenance** | Title |       |  |
|  | **Organisational management**  | Name |       |       |
|  | **system** | Title |       |  |
|  | **Conducting occurrence**  | Name |       |       |
|  | **investigations** | Title |       |  |
|  | I hereby nominate the above person(s) for the responsibilities indicated. |
| Signature ofprime person |  | Date: |       |
| *Indicate any prime persons who are being removed from the organisation’s certificate.* | Removed persons |
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# Aircraft to be changed

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| *List the aircraft you want to add to or remove from the organisation’s operations specifications.**Attach the relevant associated exposition amendments (eg, operations, maintenance manuals) with your application.* |
| Add or remove | Registrationor ID mark | Manufacturer | Model | Are you theregistered operator? |
|  |       |       |       |  |
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# Contractors

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| Crew training and competency assessment*List any changes to the organisations to whom you intend to* ***contract*** *training.**Confirm with the contractor that their CAR Part 141 certificate authorises them to conduct the courses or assessments.* |
| Add or remove | Name and address | Participant number(*if known)* |
|  |       |       |
|  |       |       |
|  |       |       |
| **Maintenance***List any changes to maintenance organisations or people (LAME, licensed engineer, other) to whom you intend to* ***contract*** *the maintenance of your aircraft.* |
| Add or Remove | Name and address | Participant No.(*if known)* |
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# Declaration by prime person

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| *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 have obtained a current copy of NZCAR Part 102 and AC102-1 and have read and understood the contents as they apply to this application. I also have a current copy of CAR Parts 1 and 12 as applicable.This application is made for and on behalf of the organisation identified above. I certify that I’m empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out in accordance with the requirements of the Civil Aviation Act 1990, Section 12. |
| I declare that to the best of my knowledge and belief the statements and information supplied in this application and the attachments are complete and correct. |
| Full name ofprime person |       | Participant number(if known) |       |
| Signature |  | Date of application |       |

# Applicant’s checklist – please take the time to check and complete this section

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| *Please ensure all documents are attached.* *Applications which are incomplete or lacking any required documents will not be processed.* | 1. All necessary sections completed
 | **[ ]**  |
| 1. Amended company exposition attached
 | **[ ]**  |
| 1. CAA 24FPP/24FPPDEC and CV for the nominated prime person attached, if changed
 | **[ ]**  |
| 1. Additional attachments included as per this list.
 | **[ ]**  |
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| *Use this sheet if you need to provide further information or explanations that do not fit in the original sections of the form.* |
| **Section** | **Additional details or explanations** |
|    |       |
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