



***Application for Amendment of an Adventure Aviation Operator Certificate Under Civil Aviation Rules, Part 115***

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| Application requirements and instructions for completing the form1. *The CAA Standard Rate hourly charge applies. 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/)*. 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 enclosed. No application will be processed until all required documentation and applicable fees are received.*
3. *The application must include the amended exposition as required by rule 115.79.*
4. *Current certificate holders seeking to implement a system for safety management must submit a completed Application for Approval of SMS Implementation Plan form* [*24100-01*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=80) *with an SMS implementation plan.*
5. *Further notes and instructions are included in the grey margins of the different sections.*
6. *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.*
7. ***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* |

# 1. Organisation Details

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| --- | --- | --- | --- |
| CAA Participant Number (*if known)* |  | Companies Office No. |  |
| Legal Name of Organisation  |  |
| Trading name *(if any)* |       |
|  |
| *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 P.O. Box) and to promptly notify the Director of any changes.* | Postal Address *(if different from Address for Service)* |
|       |       |
|        |       |
|        |       |
| Post Code |       | Post Code |       |
| Tel |       | Tel |       |
| Fax |       | Fax |       |
| Email |       | Email |       |
|  |
| Your reference – or –  |       |
| Details of the person who may be contacted for further information |
| Name |       | Position |       |
| Tel |       | Mobile |       |
| Fax |       | Email |       |

# 2. 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)* |  |  |

**3. 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, 4, 9 and 10 are required for all applications.****The line numbers align with the section numbers on the Operations Specifications* | 1 & 2 | Locations | [ ]  | Complete section 5 |
| 3 | Address for Service | [ ]  |  |
| 4 | Trading name | [ ]  |  |
| 5 | Type of operations | [ ]  | Complete section 5 |
| 6 | Senior persons | [ ]  | Complete section 6 |
| 7 & 8 | Aircraft | [ ]  | Complete section 7 |
| 9 | Service providers (contractors) | [ ]  | Complete section 8 |
| 10 | Training programme | [ ]  | Complete section 5 |
| 11 | Competency assessments | [ ]  |
| 12 | System for safety management | [ ]  |
| 13 | Organisational management system | [ ]  |
| 14 | Maintenance programme  | [ ]  |

# 4. Exposition

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| *List the* ***exposition*** *manual(s) required by CAR 115.79 that are being amended for this proposed change* | Manual Titles | Amendment No. and date |
|       |       |
|       |       |
|       |       |
|       |       |

# 5. Details of Change

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| *Provide details of the changes you are proposing to make to your organisation* |
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# 6. Senior Persons

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| *Separate forms must accompany this application for each of the nominated senior persons as shown below.**Form* [*CAA 24FPP*](https://www.aviation.govt.nz/assets/forms/24FPP.pdf) *or* [*24FPPDEC*](https://www.aviation.govt.nz/assets/forms/24FPPDEC.pdf)*, and CV* | **Nominated persons** | Name &company title | Participant No.(if known) |
| **Chief Executive** | Name |       |       |
|  | Title |       |
| **\*Adventure aviation operations,** | Name |       |       |
| including flight operations andsupporting 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 |       |
| **System for safety management**  | Name |       |       |
|  | Title |       |
| **Conducting occurrence**  | Name |       |       |
| **Investigations** | Title |       |
| **\*** *Provide the following information for the three marked positions:* |
| Licence / Certificate No. |       | Certificate Type |
| Ratings | Aeroplanes |       | Commercial Tandem Master [ ]  |
|  | Helicopters |       | NZHGPA Certificate [ ]   |
| Hours | P-in-C single engine |       | P-in-C glider |       |
|  | P-in-C multi engine |       | P-in-C microlight |       |
|  | P-in-C helicopters |       | P-in-C float plane |       |
|  | Tandem master descents |       | P-in-C hang glider/paraglider |       |
|  | P-in-C hot air balloon |       | **Total flying time** |       |
|  | I hereby nominate the above person(s) for the responsibilities indicated. |
| Signature ofChief Executive or Board Chairperson |  | Date |       |
| *Indicate any senior persons that are being removed from the organisation’s certificate.* | Removed persons |
|       |
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# 7. Aircraft to be Changed

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| *List the aircraft you wish to add to or remove from the organisation’s operations specifications.**Enclose the relevant associated exposition amendments (e.g. operations, maintenance manuals) with your application.* |
| Add or Remove | Registrationor ID mark | Manufacturer | Model | Are you theregistered operator? |
|  |       |       |       |  |
|  |       |       |       |  |
|  |       |       |       |  |
| *Notes:*  | *If the unique ID (identification) mark is unknown use supplemental form* [*24115-01A*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=86) *to request an identification mark.**If you are disposing of a parachute, hang glider or paraglider (rendering it unairworthy), you must inform the CAA Aircraft Registrar in writing (letter or email), indicating the serial number and ID mark.**If you are selling or handing over possession of a parachute, hang glider or paraglider to another person, you must notify the change of possession by submitting form* [*24115-01B*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=86)*.* |

# 8. Contractors

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| **Crew training and competency assessment***List any changes to the organisations you intend to* ***contract*** *training to.**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 No.(*if known)* |
|  |       |       |
|  |       |       |
|  |       |       |
| **Maintenance***List any changes to maintenance organisations or persons (LAME, licensed engineer) you intend to* ***contract*** *the maintenance of your aircraft to* |
| Add or Remove | Name and address | Participant No.(*if known)* |
|  |       |       |
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# 9. Declaration by Chief Executive

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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 115 and the appropriate advisory circulars, 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 am 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 made and the information supplied in this application and the attachments are complete and correct. |
| Full Name ofChief Executive |       | Participant Number(if known) |       |
| Signature |  | Date of application |       |

# 10. Applicant’s Checklist – please take the time to check and complete this section

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| *Please ensure all documents are enclosed.* *Applications which are incomplete or lacking any required documents will not be processed.**\*Applicants seeking to implement a system for safety management must include a form CAA 24001/01 with an implementation plan for SMS.*  | 1. All necessary sections completed
 | **[ ]**  |
| 1. Amended company exposition enclosed
 | **[ ]**  |
| 1. Maintenance programmes that require approval enclosed
 | **[ ]**  |
| 1. CAA 24FPP/24FPPDEC and CV for the nominated senior persons enclosed
 | **[ ]**  |
| 1. \*Form CAA 24100/01 enclosed (as applicable)
 | **[ ]**  |
| 1. Operator statement as per CAR 47.55(d) is amended to reflect details in this application
 | **[ ]**  |
| 1. Additional attachments enclosed 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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