|  |  |
| --- | --- |
|  | 24137-02 Part 137 nomination of agricultural chief pilot  Use this form to nominate a person to be the agricultural chief pilot for your organisation under the:   * [Civil Aviation Act 1990](https://www.legislation.govt.nz/act/public/1990/0098/latest/whole.html), s 8 application for aviation document and s 9 grant or renewal of aviation document of the * [Civil Aviation Rules](https://www.aviation.govt.nz/rules/), Part 137 agricultural aircraft operations. |

# You need to apply early because our assessment takes time

|  |
| --- |
| Email this completed nomination form to [certification@caa.govt.nz](mailto:certification@caa.govt.nz) |

# About this application and our assessment

|  |  |
| --- | --- |
| * Our assessment takes time, so please email us well before your chief pilot is needed * We’ll *only* start our assessment once this form and documents are complete * We’ll email you invoices during and at the end of the assessment for CAA’s hours taken at the [CAA standard hourly rate](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/) | * Click on the field areas and type (they expand as you type) * Click on square boxes to select * To add rows to tables in this form copy and paste last the row |

# Nominated chief pilot fit and proper person (FPP) requirements Click on the field areas and type (they expand as you type).

As a senior person, the nominated chief pilot must also complete CAA’s FPP process. See the FPP requirements in your application for issue, renewal or amendment of certificate, which must be met along with providing this completed nomination form. [i](#i5)

# Organisation’s details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation’s legal name[i](#_top) | | |  | | | | | | | | Organisation’s CAA ID no. | | | |  | |
| Contact person for this application | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | Position title |  | | | | | | |
| Mobile |  | | | | Email | |  | | | | | | Their CAA ID no. or N/A | | |  |
| Details for CAA invoices | | | | | | | | | | | | | | | | |
| Organisation or person to be invoiced by CAA | | | |  | | | | | | | | | | Their CAA ID no. | |  |
| Phone no. for invoice enquiries | |  | | | | Emailforinvoices | |  | | | | Your reference no. or N/A | | | |  |

# Nominated chief pilot details Click on square boxes to select.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Position title |  | Their CAA ID no. |  |

Qualifications

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Licence no. | |  | | | Licence type | CPL  APTL | | |
| Ratings | | Aeroplanes | | Helicopters | | | | Agricultural Grade 1 | | | Pilot chemical rating | | |
| Hours | P-in-C single engine | |  | | | | P-in-C multi-engine | | |  | | P-in-C helicopter |  |
| Productive agricultural flight time | | | | | | | | | |  | | **Total time** |  |

Flight time by aircraft type To add rows to tables in this form copy and paste last the row.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Aircraft type | Hours |  | Aircraft type | Hours |  | Aircraft type | Hours |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Aviation background

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation name | Start date | End date | Functions and duties/role | | |
|  | Click or tap to enter a date. | Click or tap to enter a date. | Chief executive  Chief pilot  Remote base pilot  Person responsible for safety management  Occurrence investigator | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | Chief executive  Chief pilot  Remote base pilot  Person responsible for safety management  Occurrence investigator | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | Chief executive  Chief pilot  Remote base pilot  Person responsible for safety management  Occurrence investigator | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | Chief executive  Chief pilot  Remote base pilot  Person responsible for safety management  Occurrence investigator | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | Chief executive  Chief pilot  Remote base pilot  Person responsible for safety management  Occurrence investigator | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | Chief executive  Chief pilot  Remote base pilot  Person responsible for safety management  Occurrence investigator | Other |  |

Supervisory experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation | Start date | End date | Functions and duties/role | | |
|  | Click or tap to enter a date. | Click or tap to enter a date. | A, B, or E category flight instructor  Agricultural Grade 1 supervision duties | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | A, B, or E category flight instructor  Agricultural Grade 1 supervision duties | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | A, B, or E category flight instructor  Agricultural Grade 1 supervision duties | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | A, B, or E category flight instructor  Agricultural Grade 1 supervision duties | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | A, B, or E category flight instructor  Agricultural Grade 1 supervision duties | Other |  |
|  | Click or tap to enter a date. | Click or tap to enter a date. | A, B, or E category flight instructor  Agricultural Grade 1 supervision duties | Other |  |

# Nominated chief pilot’s declaration and Privacy Act 2020 consent

1. I declare to the best of my knowledge that the information about me provided in this nomination form is complete and correct.
2. I authorise the Director of Civil Aviation or delegate to:

* collect from and disclose to any person, organisation, or government department details of my knowledge and transport safety regulatory compliance
* use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act 1990, or other such purpose permitted by law.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name |  | | Position title | |  | |
| Their CAA ID no. or N/A |  | |  | Application date | | Click or tap to enter a date. |
|  | | Signature (picture, jpeg, or by stylus) | | | |  |

# Declaration by chief executive or authorised officer/representative

1. I confirm in relation to this nomination:

* I have read and understood the applicable Civil Aviation Rules
* I am authorised to sign this form on behalf of the organisation
* the organisation or person set out in the ‘details for CAA invoices’ section is aware they must pay the invoice(s) from CAA.

1. I declare to the best of my knowledge that the information in this nomination form is complete and correct.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name |  | | Position title | |  | |
| Their CAA ID no. or N/A |  | |  | Application date | | Click or tap to enter a date. |
|  | | Electronic signature  **To add your electronic signature**:   1. Right click on the X in the signature box 2. Select **Sign** from the drop-down list 3. Follow the instructions to sign | | | |  |

Note:Under s 49 Civil Aviation Act 1990 communicating false information or failing to disclose information relevant to granting or holding of aviation document is an offence and liable on conviction, in the case of an individual, to imprisonment for a term not exceeding 12 months or a fine not exceeding $10,000; and a body corporate, to a fine not exceeding $50,000.