

Application for Issue, Renewal or Amendment of a Maintenance Organisation Certificate Under Civil Aviation Rules, Part 145

Application requirements and instructions for completing the form

- a) The CAA Standard Rate hourly charge applies. Follow the link for information on [fees 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.
- b) Please ensure all documents are enclosed. No application will be processed until all required documentation is received.
- c) The application must include
- a completed rule compliance matrix [24145-02](#) for **initial issue** and **renewal**;
 - a complete exposition for **initial issue** and **renewal** (unless unchanged), or the relevant amended pages for **amendment**, as required by rule 145.67.
- d) Further notes and instructions are included in the grey margins of the different sections.
- e) 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.
- f) **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

Initial issue

Renewal

Amendment

1. Organisation Details

CAA Participant Number (if known)

Legal Name of Organisation

A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the **Companies Office Certificate of Incorporation** for initial issue or for an amendment involving a change to the legal name of the organisation.

Trading name (if any)

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

Tel

Email

Post Code

Tel

Email

Location of maintenance facilities (if different from above)

This is a new location

This is a new location

Your reference – or –

Details of the person who may be contacted for further information

Name	<input type="text"/>	Position	<input type="text"/>
Tel	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

2. Details for Invoice

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:	<input type="checkbox"/> Applicant		<input type="checkbox"/> Organisation	
Applicant or Organisation Name:	<input type="text"/>	CAA Participant No:	<input type="text"/>	
Name of the person authorising payment: (If applicant, N/A)	<input type="text"/>	Purchase Order No: (If applicable)	<input type="text"/>	
Title/Position within the company:	<input type="text"/>			
Email:	<input type="text"/>	Phone:	<input type="text"/>	
Postal Address: (For the invoice to be sent to individual or organisation)	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Signature: (Of the applicant or person within the organisation authorising payment)	<input type="text"/>			

3. Reason for Application

Indicate the type of application being made, then complete the relevant sections of the form.	Initial issue of certificate	<input type="checkbox"/>	Complete all sections
	Renewal of certificate	<input type="checkbox"/>	Complete all sections
	Amendment requiring prior CAA acceptance as per 145.105(d)	<input type="checkbox"/>	Complete sections 1, 2, 3, 10 and only those sections appropriate to the amendment request

4. Questionnaire

These two questions must be answered for the initial issue and for the renewal of a certificate.	Has the organisation been convicted for any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence?	Yes / No
	Has the organisation previously had an application for an aviation document rejected or has an aviation document held by the organisation been suspended or revoked?	Yes / No
Note	If "Yes", provide details with this application on separate sheets.	

5. Rating(s) applied for (145.11)

A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	A3 <input type="checkbox"/>	A4 <input type="checkbox"/>	P1 <input type="checkbox"/>	E1 <input type="checkbox"/>
C1 <input type="checkbox"/>	C2 <input type="checkbox"/>	C3 <input type="checkbox"/>	C4 <input type="checkbox"/>	C5 <input type="checkbox"/>	F1 <input type="checkbox"/>
S1 <input type="checkbox"/>	S2 <input type="checkbox"/>	S3 <input type="checkbox"/>			

Procedures for changing the scope within a rating
(provide references to your exposition)

6. Brief Summary of the Scope of Work to be Carried out

Provide references to your exposition

7. List of Senior Persons

For initial issue, renewal, or amendment, separate forms must accompany this application for each of the nominated senior persons as shown below.

Initial issue:
Form CAA [24FPP](#) or [24FPPDEC](#), and CV

Amendment:
Form CAA [24FPP](#) or [24FPPDEC](#), and CV

Renewal:
- Changed persons:
Form CAA [24FPP](#) or [24FPPDEC](#), and CV
- Unchanged persons:
Their names and titles must be confirmed in this section and form CAA [24FPP](#) or [24FPPDEC](#) must be included.
They need not submit a CV where they are continuing in their CAA accepted senior person role.

Nominated persons area(s) of responsibility as per 145.51(a) and 145.68(1) (as applicable)	Name & company title	CAA Participant No. (if known)
Chief Executive		
Control and Direction of Maintenance		
Personnel Authorisations		
System for Safety Management		
Aeronautical Product Acceptance		
Inspection and Testing		
Dispatch of Aeronautical Products and Issue of the Associated Release Notes		

Indicate any senior persons that are being removed from the organisation's certificate.

Removed persons

8. Number of Persons to be Employed (145.51(a)(3))

1-5 <input type="checkbox"/>	6-10 <input type="checkbox"/>	11-50 <input type="checkbox"/>	51-100 <input type="checkbox"/>	> 100 <input type="checkbox"/>
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9. Procedure for Authorising Persons to Certify Maintenance 145.67(a)(8)(xiii).

<p><i>Provide references to your exposition</i></p>	
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10. Exposition

<p><i>Please list the manuals that constitute the exposition required by CAR 145.67</i></p> <p><i>For renewal list the publications already held by CAA and their latest amendment status.</i></p>	<p>Manual Titles</p>	<p>Amendment No. and date</p>

11. Declaration by Chief Executive or Delegated Senior Person

<p><i>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></p>	<p>I have obtained a current copy of NZCAR Part 145, and have read and understood the contents as they apply to this application. I also have a current copy of AC145-1, and CAR Parts 12 and 43 as applicable.</p> <p>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.</p>		
	<p>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.</p>		
<p>Full Name of Chief Executive or Delegated Senior Person</p>		<p>Participant Number (if known)</p>	
<p>Signature</p>		<p>Date of application</p>	

12. Applicant's Checklist

<p><i>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will not be processed.</i></p>	<p>1. All necessary sections completed <input type="checkbox"/></p> <p>2. Completed rule compliance matrix enclosed <input type="checkbox"/></p> <p>3. Completed or amended company exposition enclosed <input type="checkbox"/></p> <p>4. CAA 24FPP/24FPPDEC and CV for the nominated senior persons enclosed <input type="checkbox"/></p> <p>5. Payment made (as applicable) <input type="checkbox"/></p> <p>6. Purchase order number (operational) <input type="checkbox"/></p>
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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
