

Application for Issue, Renewal, or Amendment of a Maintenance Training Organisation Certificate Under Civil Aviation Rules, Part 147

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: You MUST obtain the details AND signature of the Chief Executive in Section 12.
- b) Please ensure all documents are enclosed. No application will be processed until all required documentation is received.
- c) The application must include:
- for **initial issue and renewal**, a completed rule compliance matrix for the applicable rules Part 147
 - for **initial issue**, a completed Application for approval of SMS Implementation Plan form [24100/01](#), with an SMS Implementation Plan.
 - an exposition as required by rule 147.25, preferably in electronic format:
 - for **initial issue**, a complete exposition
 - for **renewal**, a complete exposition or a declaration of the status of the different manuals.
 - for **amendment**, the relevant amended pages.
- d) Further notes and instructions are included in the grey margins of the different sections.
- e) Use additional sheets such as that provided 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

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(s) (if any)

Address for Service

The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (ie, a physical address, not a PO Box) and to promptly notify the Director of any changes.

Postal Address

(if different from Address for Service)

Post Code

Post Code

Tel

Tel

Email

Email

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. Reason for Application

| | | | |
|---|---|--------------------------|--|
| <p>Indicate the type of application being made. Please then complete the relevant sections of the form.</p> | Initial issue of certificate – at least 90 days prior to operations | <input type="checkbox"/> | Complete all sections |
| | Renewal of certificate – at least 60 days prior to expiry | <input type="checkbox"/> | Complete all sections |
| | Amendment requiring prior CAA acceptance as per 147.25 Note: For a renewal or amendment that any of the changes listed in CAR 147.25(b), that require the Directors prior approval, the application must be accompanied by completed documentation consistent with the participants management of change process in its exposition. | <input type="checkbox"/> | Complete sections 1, 2, 11 and 13, and only those sections appropriate to the amendment request. |
| | Issue of Restricted Certificate – as per 147.51 | <input type="checkbox"/> | Complete sections 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, and 13 as appropriate. |

3. Questionnaire

| | | |
|---|---|----------|
| <p>These two questions must be answered for the initial issue and for the renewal of a certificate.</p> | 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 |
| <p>Note If “Yes”, please provide details with this application on separate sheets.</p> | | |

4. Location

Name the locations you wish to operate from

Principal Location
Ref. 147.23(a)(8)

Other Locations

| | | |
|-------------------------|-------------------------|-------------------------|
| 1. <input type="text"/> | 2. <input type="text"/> | 3. <input type="text"/> |
|-------------------------|-------------------------|-------------------------|

5. Senior Persons

| | | | | |
|--|-------------------|------------------------|--------------------------------|----------------------|
| <p>Separate forms must accompany this application for <u>each</u> of the nominated senior persons as shown below.</p> <p>Initial issue: Form CAA 24FPP or 24FPPDEC, and CV</p> <p>Renewal: - <u>Changed persons:</u></p> | Nominated persons | Name and company title | CAA Participant No. (if known) | |
| | Chief Executive | Name | <input type="text"/> | <input type="text"/> |
| | | Title | <input type="text"/> | |
| | Training Manager | Name | <input type="text"/> | <input type="text"/> |
| | | Title | <input type="text"/> | |
| | Safety Management | Name | <input type="text"/> | <input type="text"/> |
| Title | | <input type="text"/> | | |

| | | | | |
|---|----------------|-------|--|--|
| <p>Form CAA 24FPP or 24FPPDEC, and CV</p> <p>- <u>Unchanged persons:</u></p> <p>Their names and titles must be confirmed in this section and form CAA 24FPP or 24FPPDEC must be included.</p> <p>They need not submit a CV where they are continuing in their CAA accepted senior person role.</p> <p>Amendment;</p> <p>Form CAA 24FPP or 24FPPDEC, and CV</p> | Other nominee | Name | | |
| | | Title | | |
| | Other nominee | Name | | |
| | | Title | | |
| | Other nominee | Name | | |
| | | Title | | |
| | Removed person | Name | | |
| | | Title | | |
| | Removed person | Name | | |
| | | Title | | |

6. List of Personnel

| | | | |
|--|----------|------------------------|----------------------------|
| <p>List those personnel, together with a copy of their qualifications and experience, who are to plan, supervise and conduct the training.</p> | Position | Name and Company title | Participant No. (if known) |
| | | Name | |
| | | Title | |
| | | Name | |
| | | Title | |
| | | Name | |
| | | Title | |
| | | Name | |
| | | Title | |
| | | Name | |
| | Title | | |
| Removed person | Name | | |
| | Title | | |
| Removed person | Name | | |
| | Title | | |

7. Training Courses and Examinations

| | | | | |
|--|---------|--------------------------|--|--|
| <p>List the training courses and assessments that require acceptance by the CAA if exercised under your Part 147 certificate by marking the appropriate boxes.</p> | Courses | | Remarks / Type Rating | |
| | E1 | <input type="checkbox"/> | Basic Aircraft Maintenance Engineering Course –Mechanical | |
| | E1 | <input type="checkbox"/> | Basic Aircraft Maintenance Engineering Course –Avionics | |
| | E2 | <input type="checkbox"/> | Aircraft Maintenance Engineers Licence – Mechanical Course aircraft type or task training | |
| | E2 | <input type="checkbox"/> | Aircraft Maintenance Engineers Licence - Avionics Course aircraft type or task training | |
| | E3 | <input type="checkbox"/> | Aircraft Maintenance Engineers Licence – knowledge examination conducted on behalf of the Director | |

| | | | |
|----|--------------------------|--|--|
| E3 | <input type="checkbox"/> | Aircraft Maintenance Engineers Licence – knowledge examination conducted on behalf of the Director | |
| E4 | <input type="checkbox"/> | Aircraft Maintenance Training Course - Other | |
| E4 | <input type="checkbox"/> | Aircraft Maintenance Training Course - Other | |

8. Facilities and Resources

Provide brief details of the facilities and resources that are to be used to provide training.

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9. Exemptions

List any exemptions you hold (list numbers and applicable rules).

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10. Exposition

| <i>List the manuals that constitute the exposition required by 147.23</i> | Manual Titles | Amendment No. and date | Change? |
|---|---------------|------------------------|----------|
| <i>For renewal list the publications already held by CAA and their latest amendment status. Indicate in the final column whether these have changed since the last amendment sent to CAA</i> | | | Yes / No |
| | | | Yes / No |
| | | | Yes / No |
| | | | Yes / No |
| | | | Yes / No |
| | | | Yes / No |

11. Declaration by Chief Executive or Authorised Officer / Representative of the Applicant

| | | |
|--|---|--|
| <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> | I have obtained a current copy of NZCAR Part 147, and have read and understood the contents as they apply to this application. I also have a current copy Advisory Circular AC147-1. | |
| | This application is made for and on behalf of the organisation identified above. I certify that the Chief Executive is 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 hereby confirm the nomination of the person(s) listed in section 5 for the responsibilities indicated. | |
| | 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 of duly authorised officer / representative of the applicant | CAA Participant Number (if known) | |

| | | | |
|-----------|----------------------|---------------------|----------------------|
| Signature | <input type="text"/> | Date of application | <input type="text"/> |
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12. Charges

The Civil Aviation Charges Regulation Schedule 1, Fees and Charges, Part 5, Other aviation-related charges, 9(f) applies.

Follow this link for information on [fees and charges](#).

Signature of Chief Executive below to financially authorise CAA for this certification activity to commence.

Charges at the current standard hourly rate for all the time involved will be invoiced, and

It is acknowledged that from receipt of a complete application for CAA to process, that:

- an initial issue may take up to 90 days, or
- a renewal may take up to 60 days, and
- you have ensured that all documents are supplied in sufficient time for this process to take place.

| | | | |
|--|----------------------|------|----------------------|
| Name | <input type="text"/> | | |
| Signature | <input type="text"/> | Date | <input type="text"/> |
| Postal Address: <i>(For the invoice to be sent)</i> | <input type="text"/> | | |
| | <input type="text"/> | | |
| Purchase order number (if applicable) | <input type="text"/> | | |

13. Applicant's Checklist – please take the time to check and complete this section

| <i>Ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will not be processed.</i> | | Yes | N/A |
|--|--|--------------------------|--------------------------|
| <i>*Applicants for a new certificate must include a form CAA 24001-01 with an implementation plan for SMS.</i> | 1. All required sections of this application completed | <input type="checkbox"/> | |
| | 2. Completed rule compliance matrix (Form CAA 24147/03) | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3. Completed or amended company exposition | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4. CAA 24FPP or 24FPPDEC and CVs for the nominated senior persons | <input type="checkbox"/> | <input type="checkbox"/> |
| | 5. *Form CAA 24001-01 | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6. Form CAA 24147-02 Amendment summary [as applicable] | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7. Management of change document as required by CAR Part 100.3(a)(2) – refer to Element 8 in AC100-1 | <input type="checkbox"/> | |
| | 8. Purchase Order number (optional) | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9. Copy of the Companies Office Certificate of Incorporation [if applicable] | <input type="checkbox"/> | <input type="checkbox"/> |

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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