

Note: The CAA standard hourly charge applies.									
1. Organisa	ation Details								
(a) Legal na	me of organisatior	1:							
(b) Trading	or Division name:								
(c) Participa	ant no: (if known)								
Phone:			Email:						
(f) Your ref	erence								
	(Order number/contact person or other reference)								
2. Reason for Trial Application - Mark appropriate box									
Separati	Separation Standard Phraselogy Radar (Surveillance) Procedures								
3. Air Traffic Service to be provided (Ref CAR Part 1 Definitions)									
Aerodrome Control Service			TWR	Approach Control Service					APP
Area Control Service			ACC	Aerodrome Flight Information Service AFIS					AFIS
Flight Information Service (Area) FIS Air Traffic Service provided under Subpart D ATSD								ATSD	
4. Location									
For each trial applied for, indicate as applicable the name of the aerodrome/airspace being used. Where new airspace or a change in classification of existing airspace is proposed, include full details.									
Service	ervice Aerodrome/Airspace								
Use an additional sheet if necessary.									
Declaration									
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 to the standard required by the Authority.									
I declare that to the best of my knowledge and belief the statements made and information supplied in this application and the attachments are complete and correct.									
Full name						Position			
Signature						Date			

The completed application and supporting documentation should be submitted to <a href="mailto:AeronauticalServices@caa.govt.nz">AeronauticalServices@caa.govt.nz</a>

or Manager Aeronautical Services

**Civil Aviation Authority** 

PO Box 3555 Wellington 6140 New Zealand

Page 1 of 1 CAA 24172-03