

Application for Licence Verification of Occurrence(s)

Notes for applicants:

- CAA provides a Licence Verification of Occurrence(s) Letter for individual licence holders two ways:
 - to applicant** – (sent via email or postal address)
 - to an overseas Authority** - (emailed as the authorised recipient detailed below)
- Applicants must confirm their identity and provide consent to release information directly to a third party
- For further information refer to www.aviation.govt.nz and see heading [Pilots](#)

1. Personal Details

| | | | | | |
|--|--|-----------------------------|--|--|--|
| NZ CAA Client / Licence Number | | Date of Birth (dd/mm/yy) | | | |
| Title (Mr/Mrs/Ms/Miss) | | Last Name | | | |
| Given Name(s) | | | | | |
| Address for Service – The Civil Aviation Act 2023, section 73, requires applicants to provide a physical address in New Zealand and to notify the Director of any changes. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Tel | | Mob | | | |
| Email | | | | | |
| Postal Address (if different from Service Address) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Tel | | Mob | | | |
| Email | | | | | |

2. Verification letter of Occurrence(s) recorded against client ID

| | | | |
|--|------------------------------------|-----------------------------------|---|
| Tick appropriate box for verification of Occurrence(s) method | Send to applicant | | Send to overseas Authority |
| | - emailed <input type="checkbox"/> | - posted <input type="checkbox"/> | - emailed directly to overseas Authority <input type="checkbox"/> |
| For Verification of Occurrence(s) Letter to an overseas Authority - provide details of overseas Authority i.e. name of contact person, position, and email address | Authority | | |
| | Name | | |
| | Position | | |
| | Email | | |

3. Confirmation of Identity

| | | | | |
|--|--|--------------------------|---|--------------------------|
| <i>Please enclose a COPY of one of the following items to confirm your identity. The copy must be of a current (unexpired) document.</i> | 1. A New Zealand Driver licence | <input type="checkbox"/> | 5. A New Zealand or overseas passport | <input type="checkbox"/> |
| | 2. A full birth certificate | <input type="checkbox"/> | 6. A New Zealand firearms licence | <input type="checkbox"/> |
| <i>Please tick the included item.</i> | 3. A Certificate of New Zealand Citizenship | <input type="checkbox"/> | 7. A current certificate of identity | <input type="checkbox"/> |
| | 4. A current refugee travel document used by or on behalf of the government of New Zealand | <input type="checkbox"/> | 8. A New Zealand Police or New Zealand Defence Force photo identity card issued to non-civilian staff | <input type="checkbox"/> |

4. Declaration and Consent

| | | | |
|--|---|-------------|--|
| <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 sections 107 and 362, respectively, of the Civil Aviation Act 2023 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$30,000, or both.</i> | Declaration 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. | | |
| | Consent to Disclosure I authorise the Director to disclose information in accordance with my instructions to send the response to the relevant overseas Authority indicated on page 1 of this form (if relevant). | | |
| Applicant's Signature | | Date | |

5. Applicant's Check List

| | | |
|--|--|--------------------------|
| <i>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</i> | 1. Client ID specified | <input type="checkbox"/> |
| | 2. Verification of Occurrence(s) method specified | <input type="checkbox"/> |
| | 3. Confirmation of Identity enclosed | <input type="checkbox"/> |
| | 4. Declaration and Consent signed, Name and CAA ID completed at top of this page | <input type="checkbox"/> |

Please allow 10 working days from date of receipt for processing application

| | |
|---|---|
| Send this completed form to: | |
| CAA Legal Unit, PO Box 3555, Wellington 6140 | Scanned copy Email: OIA@caa.govt.nz |