

Application Form for Designation as a Medical Examiner



I wish to become a Medical Examiner with the CAA. Please provide me with a Client ID, so that I may access the web site, and complete my exposition online.

Please return the completed form to:

Central Medical Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140.

Fax: +64 4 560 9470, or email: med@caa.govt.nz.

Medical Examiner Request for Client ID			
First names			
Surname			
Address			
Home Phone:		Mobile:	
Work Phone:		Fax:	
Email:		Date of Birth:	
Signature:		Date:	

Office Use Only					
Client ID:		Login ID:		Password:	