Logo

Description automatically generated***Aircraft Maintenance Engineer – Maintenance Approval***

#### Notes to applicants:

1. *A completed Fit and Proper Person Questionnaire, form* [***CAA 24FPP***](http://www.caa.govt.nz/forms/24FPP.pdf) *or* [***CAA 24FPPDEC***](https://www.aviation.govt.nz/assets/forms/24FPPDEC.pdf)*, is required with this application. Refer to the 24FPP form for guidance on the appropriate form to be used.*
2. **Personal details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CAA participant number *(if known)* | | |  | | | | Date of birth *(dd/mm/yy)* |  |
| Title *(Mr/Mrs/Ms/Miss*) | |  | | Last name | |  | | |
| Given name(s) | |  | | | | | | |
| Address for service - *Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address) and to promptly notify the Director of any changes.* | | | | | | | | |
|  | | | | | | | | |
| Phone |  | | | Mobile |  | | | |
| Email |  | | | | | | | |
| Postal address *(if different from address for service)* | | | | | | | | |
|  | | | | | | | | |
| Phone |  | | | Mobile |  | | | |
| Email |  | | | | | | | |

1. **Maintenance approval**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Application for* | Maintenance Approval Issue | | | |  | | Maintenance Approval Renewal | | |  | Maintenance Approval Amendment | | |  |
| *1. Please give details of the maintenance to be performed.*  *2. Detail the associated tasks required to perform the maintenance requested*  *3. Specify fully the aircraft or component and registration etc*  *4. Please give details of employer or company name the maintenance task is performed for.* |  | | | | | | | | | | | | | |
|  | Experience log completed | | | | | | | Approval required for period | | | | | | |
|  | Yes |  | No |  | |  | | From |  | | | To |  | |

1. **Justification**

|  |
| --- |
| *Please offer details to justify the maintenance task being applied for.* |
|  |

1. **Experience log**

|  |  |  |  |
| --- | --- | --- | --- |
| *Detail experience relevant to the maintenance privileges you are applying for.* | | | |
| Date from | Date to | Aircraft or Component | Experience details *(Concise accurate statements – print clearly)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Fees & payment details**

|  |  |
| --- | --- |
| * Please pay online at <https://sec.caa.govt.nz/onlinepayment> and attach the receipt that will be emailed to you. * Unless the full fees are paid and receipt is attached, applications will not be processed. * For information relating to fees, refer to the Civil Aviation Charges Regulations. | |
| **Payment details** | |
| Total fees |  |
| Receipt number |  |

1. **Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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 an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding $10,000.* | 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 & collection**  I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge & compliance with transport safety regulatory requirements.  I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act 1990, or other such purpose permitted by law. | | | |
| **Applicant’s Signature** |  | **Date** |  |

1. **Applicant’s checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| *Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.* |  | Yes | N/A |
| 1. Fit and proper person questionnaire – either 24FPP or 24FPPDEC |  |  |
| 1. Copy of Practical Training Record |  |  |
| 1. Copies of relevant course certificates, or examination certificates |  |  |
| 1. Payment receipt |  |  |

**Submit the completed application to either:**

**Email:** [lic.applications@caa.govt.nz](mailto:lic.applications@caa.govt.nz)

**Post:** Licensing and Standards, Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand