

Application for ATS Examiner Test Conducted by CAA

1. Personal Details

NZ CAA Client / Licence Number <i>(if known)</i>		Date of Birth <i>(dd/mm/yy)</i>	
Title <i>(Mr/Mrs/Ms/Miss)</i>	Last Name		
Given Name(s)			
Country of Birth		Nationality	
Address for Service - <i>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.</i>			
Tel		Mob	
Fax		Email	
Postal Address <i>(if different from Address for Service)</i>			
Tel		Mob	
Fax		Email	

2. Test Applied For

<i>Please indicate ATS Examiner test applied for.</i>	ATS Examiner Rating issue <input type="checkbox"/>	ATS Examiner Rating renewal <input type="checkbox"/>
	I request a CAA ATS Examiner test at _____ (Tower/Centre/Simulator) _____	
<i>Please indicate ATS Examiner assessment privileges sought.</i>	Air traffic controller licence issue <input type="checkbox"/>	Flight service operator licence issue <input type="checkbox"/>
	Aerodrome control rating issue <input type="checkbox"/>	Oceanic air-ground rating issue <input type="checkbox"/>
	Approach control procedural rating issue <input type="checkbox"/>	Aerodrome flight information rating issue <input type="checkbox"/>
	Approach control surveillance rating issue <input type="checkbox"/>	Area flight information rating issue <input type="checkbox"/>
	Area control procedural rating issue <input type="checkbox"/>	Air traffic service instructor rating issue (on job training) <input type="checkbox"/>
	Area control surveillance rating issue <input type="checkbox"/>	Air traffic service instructor rating issue (check) <input type="checkbox"/>
		Air traffic service instructor rating renewal (check) <input type="checkbox"/>

3. Fees

Fees will be invoiced. The CAA Standard Rate hourly charge applies.

Scan this form and email to pft.admin@caa.govt.nz, or post to
Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand

CAA USE ONLY

Receipt No.	Receipt Date	W/R No.