Date:	CAA
Name:	CIVIL AVIATION AUTHORITY OF NEW ZEALAND
	Te Mana Rererangi Tūmatanui o Aotearoa
Client ID:	
Address:	

Dear

Notice of Conditions, Restrictions and Endorsements under Section 27I(1)(b) of the Civil Aviation Act 1990.

I have reasonable grounds to believe that you may be unable to exercise safely the privileges to which your medical certificate relates. Accordingly, pursuant to section 27I(1)(b) I hereby impose the following conditions, restrictions and endorsements on your medical certificate:

Grounds

I have taken this action on the following grounds:

Duration of Conditions, Restrictions and Endorsements

In accordance with section 27I(5) of the Act, this conditions, restrictions and endorsements remains in force until I have determined what action is to be taken under 27I(7) but may not exceed 10 working days unless I extend the period of the conditions, restrictions and endorsements for a further specified period not exceeding

10 working days. Accordingly, the total period of this notice will not exceed 20 working days.

Further action

I may determine to take any of the following actions under section 27I(7):

- a. impose or amend conditions, restrictions, or endorsements for a specified period;
- b. withdraw any conditions, restrictions, or endorsements;
- c. disqualify you from holding a medical certificate for a specified period;
- d. revoke the medical certificate;

You will be notified in writing of my decision to take any action under section 27I(7).

Surrender of Medical Certificate

You are required by section 27I(9) to surrender your medical certificate to Director of Civil Aviation. Please forward your medical certificate to the Medical Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140, as soon as possible.

Other affected document holders

Section 27I(10) of the Act requires me to notify any aviation document holder affected by this notice if I consider it necessary for reasons of aviation safety and gives me the discretion to notify any other affected document holder.

I have notified the following aviation document holders of the conditions, restrictions

and endorsements imposed on your medical certificate:		
Yours sincerely		
Director of Civil Aviation/Delegate		
Director of Civil Aviation, Delegate		
ME Name:	ME ID:	

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