Date:	CAA
	CIVIL AVIATION AUTHORITY OF NEW ZEALAND
Name:	Te Mana Rererangi Tümatanui o Aotearoa
Client ID:	
Address:	
Dear	
	iditions, Restrictions and Endorsements on Medical ion 27I(6) of the Civil Aviation Act 1990.
On Endorsements on your me Restrictions and Endorsem	(copy attached), I placed Conditions, Restrictions and dical certificate. I hereby extend the Conditions, ents for ten working days.
Yours sincerely	
Director of Civil Aviation/D	elegate
ME Name:	ME ID: