

**Application for Amendment of an Adventure Aviation  
Operator Certificate under Civil Aviation Rules, Part 115**



**Application requirements and instructions for completing the form**

- a) Please ensure all documents are enclosed. No application will be processed until all required documentation and applicable fees are received.  
The CAA Standard Rate hourly charge applies. Follow the link for information on [fees and charges](#).
- b) The application must include the amended exposition as required by rule 115.79.
- c) Current certificate holders seeking to implement a system for safety management must submit a completed Application for Approval of SMS Implementation Plan form [24100-01](#) with an SMS implementation plan.
- d) Further notes and instructions are included in the grey margins of the different sections.
- e) Use additional sheets such as those included at the end of the form to provide further details and explanations that do not fit in the original sections of the form.

**1. Organisation Details**

<b>CAA Participant Number (if known)</b>		<b>Companies Office No.</b>	
<b>Legal Name of Organisation</b>			
<b>Trading name (if any)</b>			

Only fill this part of the section if changes are being made.

**Address for Service**

The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address, not a P.O. Box) and to promptly notify the Director of any changes.

**Postal Address**

(if different from Address for Service)

Post Code		Post Code	
Tel		Tel	
Fax		Fax	
Email		Email	

Your reference – or –

--

**Details of the person who may be contacted for further information**

Name		Position	
Tel		Mobile	
Fax		Email	

## 2. What are you changing?

*Indicate the change you are proposing in your organisation. More than one box may be ticked. Complete the relevant sections of the form as indicated at far right.*

**Sections 1, 2, 3, 8 and 9 are required for all applications.**

*The line numbers align with the section numbers on the Operations Specifications*

1. & 2.	Locations	<input type="checkbox"/>	Complete section 4
3.	Address for Service	<input type="checkbox"/>	
4.	Trading name	<input type="checkbox"/>	
5.	Type of air operations	<input type="checkbox"/>	Complete section 4
6.	Senior persons	<input type="checkbox"/>	Complete section 5
7. & 8.	Aircraft	<input type="checkbox"/>	Complete section 6
9.	Service providers (contractors)	<input type="checkbox"/>	Complete section 7
10.	Training programme	<input type="checkbox"/>	Complete sections 4
11.	Competency assessments	<input type="checkbox"/>	
12.	System for safety management	<input type="checkbox"/>	
13.	Organisational management system	<input type="checkbox"/>	
14.	Maintenance programme	<input type="checkbox"/>	
15.	Fatigue of flight crew (Scheme for regulation of flight and duty time)	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

## 3. Exposition

*List the **exposition** manual(s) required by CAR 115.79 that are being amended for this proposed change*

Manual Titles	Amendment No. and date

## 4. Details of Change

*Provide details of the changes you are proposing to make to your organisation*

## 5. Senior Persons

Separate forms must accompany this application for each of the nominated senior persons as shown below.

Form [CAA 24FPP](#) or [24FPPDEC](#), and CV

Nominated persons		Name & company title		Participant No. (if known)
<b>Chief Executive</b>	Name			
	Title			
<b>* Adventure aviation operations,</b> including flight operations and supporting ground operations	Name			
	Title			
<b>* Crew training</b>	Name			
	Title			
<b>* Crew assessment</b> If different from training	Name			
	Title			
<b>Control and scheduling of Maintenance</b>	Name			
	Title			
<b>Organisational management System</b>	Name			
	Title			
<b>System for safety management</b>	Name			
	Title			
<b>Conducting occurrence Investigations</b>	Name			
	Title			
<b>* Provide the following information for the three marked positions:</b>				
Licence / Certificate No.			Certificate Type	
Ratings	Aeroplanes		Commercial Tandem Master <input type="checkbox"/>	
	Helicopters		NZHGPA Certificate <input type="checkbox"/>	
Hours	P-in-C single engine		P-in-C glider	
	P-in-C multi engine		P-in-C microlight	
	P-in-C helicopters		P-in-C float plane	
	Tandem master descents		P-in-C hang glider/paraglider	
	P-in-C hot air balloon		<b>Total flying time</b>	
	I hereby nominate the above person(s) for the responsibilities indicated.			
<b>Signature of Chief Executive or Board Chairperson</b>		<b>Date</b>		
<b>Removed persons</b>				
Indicate any senior persons that are being removed from the organisation's certificate.				

## 6. Aircraft to be Changed

List the aircraft you wish to add to or remove from the organisation's operations specifications.

Enclose the relevant associated exposition amendments (e.g. operations, maintenance manuals) with your application.

Add or Remove	Registration or ID mark	Manufacturer	Model	Are you the registered operator?
Add / Remove				Yes / No
Add / Remove				Yes / No
Add / Remove				Yes / No

**Notes:** If the unique ID (identification) mark is unknown use supplemental form [24115-01A](#) to request an identification mark.  
 If you are disposing of a parachute, hang glider or paraglider (rendering it unairworthy), you must inform the CAA Aircraft Registrar in writing (letter or email), indicating the serial number and ID mark.  
 If you are selling or handing over possession of a parachute, hang glider or paraglider to another person, you must notify the change of possession by submitting form [24115-01B](#).

## 7. Contractors

### Crew training and competency assessment

List any changes to the organisations you intend to **contract** training to.

Confirm with the contractor that their CAR Part 141 certificate authorises them to conduct the courses or assessments.

Add or Remove	Name and address	Participant No. (if known)
Add / Remove		
Add / Remove		
Add / Remove		

### Maintenance

List any changes to maintenance organisations or persons (LAME, licensed engineer) you intend to **contract** the maintenance of your aircraft to

Add or Remove	Name and address	Participant No. (if known)
Add / Remove		
Add / Remove		
Add / Remove		

## 8. Declaration by Chief Executive

*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 a body corporate, to a maximum fine of \$50,000.*

I have obtained a current copy of NZCAR Part 115 and the appropriate advisory circulars, and have read and understood the contents as they apply to this application. I also have a current copy of CAR Parts 1 and 12 as applicable.

This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out in accordance with the requirements of the Civil Aviation Act 1990, Section 12.

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.

Full Name of Chief Executive

Participant Number (if known)

Signature

Date of application

## 9. Applicant's Checklist – please take the time to check and complete this section

*Please ensure all documents are enclosed.  
 Applications which are incomplete or lacking any required documents will not be processed.  
 \*Applicants seeking to implement a system for safety management must include a form*

1.	All necessary sections completed	<input type="checkbox"/>
2.	Amended company exposition enclosed	<input type="checkbox"/>
3.	Maintenance programmes that require approval enclosed	<input type="checkbox"/>
4.	CAA 24FPP/24FPPDEC and CV for the nominated senior persons enclosed	<input type="checkbox"/>
5.	*Form CAA 24100/01 enclosed (as applicable)	<input type="checkbox"/>
6.	Operator statement as per CAR 47.55(d) is amended to reflect details in this application	<input type="checkbox"/>
7.	Additional attachments enclosed as per this list:	<input type="checkbox"/>

CAA 24001/01 with an  
implementation plan for  
SMS.

**Submit the completed application and supporting documentation to:**

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

**Post:** Certification Unit, Civil Aviation Authority, PO Box 3555, Wellington, 6140

Use this sheet if you need to provide further information or explanations that do not fit in the original sections of the form.

Section	Additional details or explanations
