

**Application for issue, renewal or amendment of an Agricultural
Aircraft Operator Certificate under Civil Aviation Rule Part 137**



Application requirements and instructions for completing the form

- a) Please ensure all documents are enclosed. No application will be processed until all required documentation is received.
- b) Further notes and instructions are included in the greyed margins of the different sections.
- c) Use additional sheets to provide further details and explanations that do not fit in the original sections of the form.
- d) The CAA Standard Rate hourly charge applies ([fees and charges](#))

1. Organisation Details

CAA Participant Number (if known)

Legal Name of Organisation

A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the **Companies Office Certificate of Incorporation** for initial issue or for an amendment involving a change to the legal name of the organisation.

Trading name (if any)

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)

| | |
|--------------------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Post Code <input type="text"/> | Post Code <input type="text"/> |
| Tel <input type="text"/> | Tel <input type="text"/> |
| Email <input type="text"/> | Email <input type="text"/> |

Operations Base

Other Bases

Your reference – or –

Details of the person who may be contacted for further information

| | |
|----------------------------|-------------------------------|
| Name <input type="text"/> | Position <input type="text"/> |
| Tel <input type="text"/> | Mobile <input type="text"/> |
| Email <input type="text"/> | |

2. Reason for Application

| | | |
|---|--|--|
| Indicate the type of application being made, then complete the relevant sections of the form. | Initial issue of certificate <input type="checkbox"/> | Complete sections 1 - 9 |
| | Renewal of certificate <input type="checkbox"/> | Complete sections 1 - 9 |
| | Amendment – Change of senior persons <input type="checkbox"/> | Complete sections 1, 2, 5, and 9 |
| | Amendment – Changes that affect the currency of any information required by this form <input type="checkbox"/> | Complete sections 1, 2, 4, 5– 8 as relevant, and 9 |

3. Questionnaire

| | | |
|--|--|----------|
| These two questions must be answered for the initial issue and for the renewal of a certificate. | Has the organisation been convicted of any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence? | Yes / No |
| | Has the organisation previously had an application for an aviation document rejected or has an aviation document held by the organisation been suspended or revoked? | Yes / No |

Note: If “Yes”, provide details with this application on separate sheets.

4. Type of Operation

| | | |
|---|---|--|
| Indicate the type(s) of operation to be conducted by marking the appropriate boxes. | Topdressing <input type="checkbox"/> | Spraying <input type="checkbox"/> |
| | Agricultural Pilot Training <input type="checkbox"/> | Wand spraying <input type="checkbox"/> |
| | Agricultural Pilot Competency Checks <input type="checkbox"/> | Other Agricultural Activities <input type="checkbox"/> |
| | If ‘Other’ ticked, list these activities: | |

For agricultural pilot training, agricultural pilot competency checks and wand spraying operations, CAA requires documented procedures to be enclosed with the application.

5. List of Senior Persons

For initial issue, renewal, or amendment, separate forms must accompany this application for each of the nominated senior persons as shown below.

Initial issue and amendment (new senior persons):

Chief Executive

[24FPP](#) or [24FPPDEC](#) and CV

Chief Pilot

[24FPP](#) or [24FPPDEC](#) and CAA [24137/02](#), and CV

*Senior person responsible for the System for Safety Management

[24FPP](#) or [24FPPDEC](#) and CV

Renewal:

- Changed persons:

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

- Unchanged persons:

Their names and titles must be confirmed in this section and form CAA [24FPP](#) or [24FPPDEC](#) must be included.

They need not submit a CV where they are continuing in their CAA accepted senior person role.

| Nominated persons as per 137.153(1) and (2) | Name & company title | Participant No. (if known) |
|---|--|----------------------------|
| Chief Executive | <input type="text"/> | <input type="text"/> |
| Chief Pilot | <input type="text"/> | <input type="text"/> |
| System for Safety Management | <input type="text"/> | <input type="text"/> |
| Remote Base Pilot | <input type="text"/> Base <input type="text"/> | <input type="text"/> |

Indicate any senior persons that are being removed from the organisation’s certificate.

Removed persons

6. Service Providers

| | | | |
|--|--------------------------|-----------------------------------|--------------------------|
| Part 145 maintenance organisation – or – Part 66 LAME | | Participant No. (if known) | |
| Tel | | Email | |
| Part 145 maintenance organisation – or – Part 66 LAME | | Participant No. (if known) | |
| Tel | | Email | |
| Training or Competency checks (Part 137 or 141) | | Participant No. (if known) | |
| Training | <input type="checkbox"/> | Competency checks | <input type="checkbox"/> |
| Tel | | Email | |
| Training or Competency checks (Part 137 or 141) | | Participant No. (if known) | |
| Training | <input type="checkbox"/> | Competency checks | <input type="checkbox"/> |
| Tel | | Email | |

7. Operator Documentation

| <i>List the manual(s) that constitute the documentation required by CAR 137.160</i> | Manual Titles | Amendment No. and date | Change? |
|--|----------------------|-------------------------------|-----------------|
| | | | Yes / No |
| <i>For renewal list the publications already held by CAA and their latest amendment status.</i> | | | Yes / No |
| | | | Yes / No |
| <i>Indicate in the final column whether these have changed since the last amendment sent to CAA.</i> | | | Yes / No |
| | | | Yes / No |
| | | | Yes / No |

8. Aircraft to be Used

| Manufacturer | Model | Reg. | MCTOW |
|---------------------|--------------|-------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

List the maintenance programmes that apply to the aircraft operated by your organisation.

| Registration | Document / Programme Title | Revision & Date |
|---------------------|-----------------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |

9. Declaration by Chief Executive

| | | | |
|---|---|---|----------------------|
| <p><i>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></p> | <p>I have obtained a current copy of NZCAR Parts 1, 12, 61, 91, 137, and 133 (for helicopters), and have read and understood the contents as they apply to this application.</p> <p>I am aware of my responsibilities under Section 12 of the Civil Aviation Act 1990, including the provision of training and supervision to all employees.</p> <p>I undertake to ensure pilots flying for my company carry out no operations involving the use of chemicals, unless they hold a current Pilot Chemical Rating issued under Part 61.</p> <p>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 NZCAR Part 137.</p> | | |
| | <p>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.</p> | | |
| <p>Full Name of Chief Executive</p> | <input type="text"/> | <p>Participant Number (if known)</p> | <input type="text"/> |
| <p>Signature</p> | <input type="text"/> | <p>Date of application</p> | <input type="text"/> |

10. Applicant's Checklist

| | | |
|--|--|--------------------------|
| <p><i>Ensure all documents are enclosed.</i></p> <p><i>Applications which are incomplete or lacking any required documents will not be processed.</i></p> <p><i>* Applicants for a new certificate must include a form CAA 24100-01 with an implementation plan for SMS.</i></p> | <p>1. All necessary sections completed</p> | <input type="checkbox"/> |
| | <p>2. Forms CAA 24FPP/24FPPDEC, CVs, and CAA 24137/02 for the nominated senior persons</p> | <input type="checkbox"/> |
| | <p>3. Procedures for agricultural pilot training</p> | <input type="checkbox"/> |
| | <p>4. Procedures for wand spraying</p> | <input type="checkbox"/> |
| | <p>5. *Form CAA 24100-01</p> | <input type="checkbox"/> |
| | <p>6. Purchase order number (optional)</p> | <input type="checkbox"/> |

Submit the completed application and supporting documentation to either:

Email: certification@caa.govt.nz

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