

Application for Delegation of the Director

Application requirements and instructions for completing the form

- Delegations from the Director of Civil Aviation may be issued for several functions and/or powers for which the Director has deemed appropriate to be completed by competent* individuals.
- Assessment of an applicant is a chargeable activity. Follow the link for information on [fees and charges](#) (Not applicable to medical examiners).
- Please ensure all documents are enclosed. No application will be processed until all required documentation is received.
- All Delegations require consent from the Minister of Transport in accordance with Section 23B(4) of the Civil Aviation Act 1990 which can take between four to six weeks. Please ensure the application is complete and received by CAA with at least 90 days for processing. (Not applicable to medical examiners).
- Further notes and instructions are included in the grey margins of the different sections.
- Complete this form and email to the address listed in box 6, or post to Civil Aviation Authority, PO Box 3555, Wellington 6140.

1. Applicant Details

CAA participant no.	<input type="text"/>	(if known)
First name(s)	<input type="text"/>	
Surname	<input type="text"/>	
Applicant Address for Service	Billing Address	
<i>The Civil Aviation Act 1990, section 8, 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.</i>		<i>(if different from Address for Service)</i>
Care of:	<input type="text"/>	Billing organisation /person: <input type="text"/>
Address line 1	<input type="text"/>	Address line 1 <input type="text"/>
Address line 2	<input type="text"/>	Address line 2 <input type="text"/>
Address line 3	<input type="text"/>	Address line 3 <input type="text"/>
Post Code	<input type="text"/>	Post Code <input type="text"/>
Tel (home)	<input type="text"/>	Tel (office) <input type="text"/>
Tel (mob)	<input type="text"/>	Tel (mob) <input type="text"/>
Email	<input type="text"/>	Email <input type="text"/>

* Any delegation scope will require evidence of competence by demonstration of qualifications, training and experience. An interview with the CAA may be conducted for new or amended delegation scopes in which the applicant will be expected to demonstrate that knowledge and experience.

2. Type of Delegation Requested

Mark the appropriate box:

NEW (no previous Delegation) or **RENEWAL** (previous Delegation held) or **AMENDMENT** (e.g. scope/address change)

	Mark the appropriate box	Applicable guidance material
Design Change Approval (146.51(a)(3))	<input type="checkbox"/> go to box 3	AC146-1
Issue of a Recreation Organisation personnel certificates/ratings/events (149.51(2))	<input type="checkbox"/> go to box 4	AC149-1
New Medical Examiner only (67.53)	<input type="checkbox"/> go to box 5	AC67-1 & website
Other (please specify):		Attach details of scope and competency and go to box 6

3. Design Change Approval Delegation ONLY

SCOPE OF DELEGATION*

State "no change" if previously delegated and no change to scope is requested:

Associated Part 146 Design Organisation	
Class A or B	
Number of years of relevant aviation experience	
Details of Bachelor of Engineering degree (or equivalent)	
Aircraft/Engine scope* (e.g. Pt 23/25/27/29/33, specific types if applicable)	
Technical scope* (e.g. Structures – primary/secondary metallic/composites, Electrical systems, Avionics equipment – hardware/software, Mechanical systems, Flight Test, Powerplant – turbine/reciprocating/electric, Propeller etc.)	
GO TO BOX 6	

* Any delegation scope will require evidence of competence by demonstration of qualifications, training and experience. An interview with the CAA may be conducted for new or amended delegation scopes in which the applicant will be expected to demonstrate that knowledge and experience.

4. Recreation Organisation Personnel Certificates/Ratings/Events ONLY

SCOPE OF DELEGATION*	
<i>State "no change" if previously delegated and no change to scope is requested:</i>	
Associated Part 149 Recreational Organisation	
Scope required – types of personnel certificates/ratings to be issued	
Scope required for issue of aviation events in accordance with 149.61 (if applicable)	
EXPERIENCE	
Medical Class & due date	
Licence and/or certificate type(s) held	
Details of ratings held	
Number of years of relevant aviation experience	
Details of other relevant qualifications	
GO TO BOX 6	

5. New Medical Examiner ONLY

EXPERIENCE* (refer to AC67-1)	
Aviation medicine training The aviation medicine training that is acceptable to the Director includes any of the following: <ul style="list-style-type: none"> • Completion of a post-graduate Diploma of Aviation Medicine from either the University of Otago or the Royal College of Physicians (London) • Completion of both the aviation physiology and clinical aviation medicine papers offered on a post-graduate basis by the University of Otago • Completion of MD Aviation Medicine from the University of Medical Sciences, Bangalore, India • Board Certification in Aviation Medicine (USA) 	Date completed:
	Location:
Associated Medical Practice (write n/a if not associated)	
Upon acceptance of this application, you will be required to: <ol style="list-style-type: none"> 1. attend a regulatory training session; and 2. submit an exposition which must be completed and submitted electronically for consideration by the Director. 	
GO TO BOX 6	

* Any delegation scope will require evidence of competence by demonstration of qualifications, training and experience. An interview with the CAA may be conducted for new or amended delegation scopes in which the applicant will be expected to demonstrate that knowledge and experience.

6. Applicant's Declaration (all applicants)

I have completed and attached the following:	
Fit and Proper Person application/declaration (24FPP or 24FPPDEC); and	<input type="checkbox"/>
Up-to-date Curriculum Vitae which includes a record of training and qualifications relevant to this application; and	<input type="checkbox"/>
Certified copy ¹ of my qualification (e.g. engineering degree, medical council registration, certificates). <i>Not required for applicants who have previously submitted the qualification as part of a previously issued Delegation. Not required for CAA issued pilot/engineer licenses.</i>	<input type="checkbox"/>
<i>I the named person on this application declare that to the best of my knowledge and belief the statements made and the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, the delegation might not be issued, and it might have other effects.</i>	
Full Name of Applicant	<input type="text"/>
Signature	<input type="text"/> Date <input type="text"/>
<i>Email completed application and required attachments to the address listed below, or post to Civil Aviation Authority, PO Box 3555, Wellington 6140.</i>	
Design Change Approval or Recreation Organisation personnel certificates/ratings/events	certification@caa.govt.nz
Medical Examiner	med@caa.govt.nz
All others:	info@caa.govt.nz

¹ A photocopied or scanned document which has been stamped or signed by a person as a true copy of the original. The certifier must be authorised by law to take statutory declarations in New Zealand or in your home country – Please refer to section 9 or 11 in the [Oaths and Declarations Act 1957](#)

* Any delegation scope will require evidence of competence by demonstration of qualifications, training and experience. An interview with the CAA may be conducted for new or amended delegation scopes in which the applicant will be expected to demonstrate that knowledge and experience.