

NPRM Submission Form



Individual Details (complete if you are submitting personally)		Organisation Details (complete if you are submitting on behalf of your organisation)	
Your name:		Organisation:	
Client No. (if applicable):		Client No. (if applicable):	
Address:		Address:	
City:		Phone:	
Phone:		Email:	
Mobile:		Your name:	
Email:		Your position:	

NPRM No.			
Title:			
Date of your submission:		Comment close-off date:	
Please return this submission form to the Docket Clerk by comment close-off date Email: docket@caa.govt.nz			

Please indicate your acceptance or otherwise of the proposal by placing an "X" in the appropriate box below. Any additional constructive comments, suggested amendments or alternative action will be welcome.

<input type="checkbox"/>	The proposal is acceptable without change .
<input type="checkbox"/>	The proposal is acceptable but would be improved if the following changes were made .
<input type="checkbox"/>	The proposal is not acceptable but would be acceptable if the following changes were made .
<input type="checkbox"/>	The proposal is not acceptable under any circumstance .

Comments

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I would prefer to receive a copy of the final rule by—

Post

Email