***Part 102 application for amendment of an unmanned aircraft operator certificate***

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| Information for completing this applicationUse this form to request an amendment to your organisation’s current operations. *Sections 1, 2, 10, 11 and 12 of this form must be completed in full for every amendment application. You must also complete any additional sections as required by section 2.* Further instructions and guidance for completing this form are provided in the grey sections. If you require additional space to provide more information, use the blank section provided on page 6.You must attach the following documentation with this application form:  * *A* [24102-12 – Exposition amendment summary for an unmanned aircraft operator](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24102-12) form which will help you determine whether an application for amendment is required for the changes you are proposing. * *An amended exposition as required by Civil Aviation Rule (CAR) 102.11.* * *If changing the Person with Primary Responsibility, a completed fit and proper person (FPP) questionnaire* *(*[***CAA 24FPP***](https://www.aviation.govt.nz/search/SearchForm?SearchTerm=24FPP)*) or declaration form (*[***CAA 24FPPDEC***](https://www.aviation.govt.nz/search/SearchForm?SearchTerm=24FPPDEC)*) if nothing has changed since your previous FPP assessment.*  Fees and chargesThe assessment of amendment applications is chargeable at the CAA standard hourly rate. Follow the link for information on [fees and charges](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/).We do not require an advance payment for an amendment application. Submit the completed application form and supporting documentation by email to [certification@caa.govt.nz](mailto:certification@caa.govt.nz). |

1. **Organisation details**

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| CAA participant number | |  | | | New Zealand Business Number (NZBN) | |  | |
| Legal name of organisation | |  | | |  | | | |
| *Details of the person who may be contacted for further information* | | | | | | | | |
| Name |  | | Phone |  | | Email | |  |
| *Only provide the details below when changes are being made.* | | | | | | | | |
| Address for service  *Civil Aviation Act 2023, section 73, requires applicants to provide an address for service in New Zealand (ie, a physical address) and to promptly notify the Director of any changes.* | |  | | | Postal address *(if different from address for service)* | |  | |
| Organisation phone number | |  | | | Organisation email | |  | |

1. **What changes are you applying for? (select all applicable)**

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|  | Address for Service | **Complete section 1** |
|  | Base of Operation | **Complete section 3** |
|  | Trading Names | **Complete section 3** |
|  | Privileges of the certificate (permitted operations) | **Complete section 4** |
|  | Geographical Areas of Operation | **Complete section 5** |
|  | Persons with Responsibilities | **Complete section 6** |
|  | Unmanned Aircraft Authorised for Use | **Complete section 7** |
|  | Service Providers (e.g., training provider, maintenance provider) | **Complete section 8** |
|  | Limitations and Conditions | **Complete section 9** |
|  | Other changes not listed above | **Provide details below** |
| *Provide a summary of the changes you are requesting for this amendment* | | |
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1. **New base of operation and/or trading name**

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| *Provide details of your new base of operation and/or trading name.* |
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1. **Change of privileges of the certificate (permitted operations)**

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| *Provide details of the changes you are proposing to the privileges of your certificate.*  *(e.g., request to add/remove a night operation privilege)* |
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1. **Change of geographical areas of operation**

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| *You may apply to operate anywhere within New Zealand or nominate a specific area/location of operation. Your application can be supported by providing drawings or maps that define the boundaries of the proposed operational area.*  ***Note:*** *The Civil Aviation Authority can only approve operations over New Zealand or within 12 nautical miles (NM) of New Zealand’s shoreline (New Zealand’s territorial waters) unless additional ICAO requirements are met.* | | |
| *Tick the relevant box* | Approval to operate anywhere within New Zealand territorial waters |  |
| Approval to operate in a specific area/location of operation within New Zealand territorial waters |  |
| Approval to operate more than 12 NM from New Zealand’s shores (CAA will discuss additional ICAO requirements that you will need to meet) |  |

1. **Change of persons with responsibilities**

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| *Tick the relevant box* | Changing the person with primary responsibility | |  |
| Changing or adding person(s) having control | |  |
| ***Note:*** *A separate FPP questionnaire* [***CAA 24FPP***](https://www.aviation.govt.nz/search/SearchForm?SearchTerm=24FPP) *or declaration* [***CAA 24FPPDEC***](https://www.aviation.govt.nz/search/SearchForm?SearchTerm=24FPPDEC) *and a current CV must accompany this amendment application for the person with primary responsibility.* | | | |
| Name of person with primary responsibility | |  | |
| CAA participant number *(if known)* | |  | |
| Title/role within the organisation (e.g., Chief Pilot) | |  | |
| Name of person having control | |  | |
| CAA participant number *(if known)* | |  | |
| Title/role within the organisation (e.g., Chief Executive Officer) | |  | |

1. **Change of unmanned aircraft authorised for use**

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| *You must list any aircraft you intend adding or removing from your operations.*  *Unless applying for an aircraft type approval, list each individual aircraft you want to add and provide a unique identification number or the manufacturer’s serial number for each of those aircraft in the fields below.*  ***Note:*** *For aircraft type approvals, list each aircraft type and provide a separate aircraft register with your application which lists each individual aircraft and its unique identification number or manufacturer’s serial number.* | | | |
| Manufacturer | Model/type | Serial number/unique identifier  *(leave this field blank for type approvals only)* | Adding or removing |
|  |  |  | Please select |
|  |  |  | Please select |
|  |  |  | Please select |
|  |  |  | Please select |
|  |  |  | Please select |

1. **Change of service providers**

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| *List any training or maintenance providers you intend adding or removing from your operations* | | |  |
| Name of organisation | Address | CAA participant number *(if known)* | Adding or removing |
|  |  |  | Please select |
|  |  |  | Please select |
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1. **Change of limitations or conditions**

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| *Use this section to request any changes to the limitations and/or conditions listed in section 9 of your operations specifications document* |
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1. **Exposition details**

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| *List the* ***exposition*** *manual(s) required by CAR 102.11 that are being amended for this proposed change.* | Manual title | Amendment number and effective date |
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1. **Declaration by prime person**

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| *This declaration must be signed by the person with primary responsibility* | *I confirm I have read sections 107 and 362 of the Civil Aviation Act 2023 and I declare that to my best knowledge the information supplied in this application and the documentation attached are true and correct.* | | |
| Signature |  | Date |  |

1. **Applicants checklist – take the time to check and complete this section**

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| *Ensure all documents are enclosed* | 1. | All required sections completed |  |
| 2. | [Exposition amendment summary sheet – 24102-12](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24102-12) |  |
| 3. | Amended exposition manual(s) attached |  |
| 4. | CAA 24FPP / 24FPPDEC and CV for persons with responsibilities *(if changed)* |  |
| 5. | Attached additional information *(if required)* |  |

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| *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** |  |
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