******

***Part 115 application for issue or renewal of an adventure aviation operator certificate***

|  |
| --- |
| Application requirements and instructions for completing the form1. *The CAA Standard hourly charge applies. 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/)*. NOTE: If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising the payment in Section 2.*
2. *Please ensure all documents and applicable fees are paid. No application will be processed until all required documentation and applicable fees are received.*
3. *The application must include*
* *completed rule compliance matrix (*[*24115-02*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=86)*) and any other as applicable to your type of operation.*
* *a complete exposition as required by rule 115.79.*
1. *Initial issue applications must also submit a completed Safety management system evaluation tool (*[*24100-02*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24100)*).*
2. *Applications must be received, with all completed information*
* *for initial issue, at least 90 days prior to intended operation;*
* *for renewal, at least 60 days prior to certificate expiry.*
1. *Further notes and instructions are included in the grey margins of the different sections.*
2. *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.*
3. ***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* |

# Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| CAA Participant No(*if known)* |       | Companies Office No. |  |
| 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 2023, section 73, 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 |       |
| Phone |       | Phone |       |
| Email |       | Email |       |

|  |  |
| --- | --- |
| Your reference – or –  |       |
| Details of the person who may be contacted for further information |
| Name |       | Position |       |
| Phone |       | Phone |       |
| Email |       |

# Details for Invoice

|  |
| --- |
| *Please provide the name of the organisation or applicant and address for the invoice to be sent. If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising payment.* |
| The invoice is to be sent to: | [ ]  Applicant  | [ ]  Organisation |
| Applicant or organisation name: |       | CAA Participant No: |       |
| Name of the person authorising payment: *(If applicant, N/A)* |       | Purchase Order No: *(If applicable)* |       |
| Title/Position within the company:  |       |
| Email: |       | Phone: |       |
| Postal Address:*(For the invoice to be sent to individual or organisation)*  |       |
|       |
|       |
|       |
|       |
| Signature:*(Of the applicant or person within the organisation authorising payment)* |  |  |

# Questionnaire

|  |  |  |
| --- | --- | --- |
| *These two questions must be answered for the initial issue and for the renewal of a certificate.* | Has the organisation been convicted for any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence? |  |
|  | 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? |  |
| Note  | *If “Yes”, please provide details with this application on separate sheets.* |

# Adventure Aviation Types of Operation

|  |  |  |  |
| --- | --- | --- | --- |
| *Identify the type of operation.More than one box may be ticked* | A to A Standard **[ ]**  | A to A Special **[ ]**  | A to A Microlight **[ ]**  |
| Hot Air Balloon **[ ]**  | Parachute Drop **[ ]**  | Tandem Parachute **[ ]**  |
| Hang Glider **[ ]**  | Para Glider **[ ]**  | Glider **[ ]**  |

# Proposed Locations of Operation

|  |
| --- |
| *May be supported with drawings or maps.* |
|       |
|       |
|       |

# Proposed Routes and Geographical Areas of Operations

|  |
| --- |
| *May be supported with drawings or maps.* |
|       |
|       |
|       |

# Crew Training and Competency Assessment

|  |
| --- |
| *List any 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.* |
| Name and address | Participant No.(*if known)* |
|       |       |
|       |       |
|       |       |

# Training Courses and / or Training Assessments Applied For

|  |
| --- |
| *List the training courses and assessments that require acceptance by CAA if exercised under your CAR Part 115 certificate by marking the appropriate boxes, if applicable.* |
| Courses | Remarks |
| [ ]  | Crew training – 115 |       |
| [ ]  | Ground crew training |       |
| Assessments | Remarks |
| [ ]  | Operational competency – Part 115 ops. |       |

# Exposition

|  |  |  |
| --- | --- | --- |
| *List the manuals that constitute the* ***exposition*** *required by CAR 115.79**For* ***renewal*** *list the publications already held by CAA and their latest amendment status.* | Manual Titles | Amendment No. and date |
|       |       |
|       |       |
|       |       |
|       |       |
| *Also complete and submit the applicable* [*CAA Part 115 Rule Compliance Matrices*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=86) *to show compliance with the rule requirements in the exposition.* |

# Aircraft to be Used (Includes Parachutes)

|  |
| --- |
| *List the aircraft you wish to operate. Please also indicate any aircraft that are being removed from the organisation’s operations specifications.**When adding an aircraft, enclose the relevant associated exposition amendments (e.g. operations, maintenance manuals) with your application.* |
| Add or Remove | Registrationor ID mark | Manufacturer | Model | Are you theregistered operator? |
|  |       |       |       |  |
|  |       |       |       |  |
|  |       |       |       |  |
| *Notes:*  | *If the unique ID (identification) mark is unknown, use supplemental form* [*24115-01A*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=86) *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*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=86)](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=&Rule=86)*.* |

# Maintenance

|  |
| --- |
| *List any maintenance organisations or persons (LAME, licensed engineer) you intend to contract the maintenance of your aircraft to.* |
| Registrationor ID mark | Name and Address | Participant No.(*if known)* |
|       |       |       |
|       |       |       |
|       |       |       |

# Maintenance Programme

|  |
| --- |
| *List the maintenance programmes that will apply to the aircraft operated by your organisation.* |
| Registrationor ID mark | Document / Programme Title | Has CAA approved them?\* |
|       |       |  |
|       |       |  |
|       |       |  |
| *\*****Note****: Any programme that has not been approved must be submitted to CAA for assessment and approval as per 91.605(a)(1).*  |

# Exemptions

|  |  |
| --- | --- |
| *List any exemptions you hold (list numbers and applicable rules).* |       |

# Senior Persons

|  |  |  |  |
| --- | --- | --- | --- |
| *Separate forms must accompany this application for each of the nominated senior persons as shown below.****Initial issue:****Form* [*CAA 24FPP*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24FPP) *or* [*24FPPDEC*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24FPPDEC)*, and CV****Renewal:****- Changed persons:**Form* [*CAA 24FPP*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24FPP) *or* [*24FPPDEC*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24FPPDEC)*, and CV**- Unchanged persons:**Their names and titles must be confirmed in this section and form* [*CAA 24FPP*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24FPP) *or* [*24FPPDEC*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24FPPDEC) *with an accompanying CV must be included.* | **Nominated persons** | Name &company title | Participant No.(if known) |
| **Chief Executive** | Name |       |       |
|  | Title |       |
| **Adventure aviation operations,** including flight operations andsupporting ground operations | Name |       |       |
| Title |       |
| Licence / Certificate No. |       | Certificate Type |
| Ratings | Aeroplanes |       | Commercial Tandem Master [ ]  |
|  | Helicopters |       | NZHGPA Certificate [ ]   |
| 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 |       | **Total flying time** |       |
| **Crew training** | Name |       | Participant No. |
|  | Title |       |       |
| Licence / Certificate No. |       | Certificate Type |
| Ratings | Aeroplanes |       | Commercial Tandem Master [ ]  |
|  | Helicopters |       | NZHGPA Certificate [ ]   |
| 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 |       | **Total flying time** |       |
| **Crew assessment** | Name |       | Participant No. |
| If different from training | Title |       |       |
| Licence / Certificate No. |       | Certificate Type |
| Ratings | Aeroplanes |       | Commercial Tandem Master [ ]  |
|  | Helicopters |       | NZHGPA Certificate [ ]   |
| 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 |       | **Total flying time** |       |
| **Control and scheduling of**  | Name |       | Participant No. |
| **maintenance** | Title |       |       |
| **Safety Management**  | Name |       |       |
| Title |       |
| **Conducting occurrence**  | Name |       |       |
| **investigations** | Title |       |

|  |  |
| --- | --- |
|  | I hereby nominate the above person(s) for the responsibilities indicated. |
| Signature ofChief Executive or Board Chairperson |  | Date |       |

# 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 sections 107 and 362, respectively, of the Civil Aviation Act 2023 and is subject, in the case of a person other than an individual, to a maximum fine of $100,000.* | I have obtained a current copy of CAR Part 115 and AC115-1, 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 2023, section 13. |
| I declare that, to the best of my knowledge, the information supplied in this application and any documentation attached is true and correct. |
| Full Name ofChief Executive |       | Participant Number(if known) |       |
| Signature |  | Date of application |       |

# Fees and Charges

|  |  |
| --- | --- |
| ***Initial issue:***  | *A minimum charge of four hours at the prevailing standard hourly rate is payable in advance for applications for* ***initial issue only****.**The charge is credited towards the total and a final adjustment will be made on completion of certification. The additional charge is at the prevailing standard hourly rate for the time taken to assess and process the application. 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/)*. Ensure section 2 of this form is completed.* |
| ***Renewal:*** | *Charge at the prevailing standard hourly rate for the time involved.* ***An advance payment is not required.*** *Ensure section 2 of this form is completed.* |
| *Pay by bank transfer:**Pay by credit card:* | **Civil Aviation Authority****Westpac, Lower Hutt****03-0531-0406878-00*****Particulars:*** *Invoice or receipt number (if known), or rule part number applied for (e.g., 119Cert)****Code:*** *CAA Participant Number (if known)****Reference:*** *Aircraft Registration Mark, Organisation or Name (as applicable)* |
| To pay by credit card, please contact CAA on **(04) 560 9400** and ask for Finance.**Do not send cash or cheques. Do not send credit card details via email.** |

# 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 applying for a new certificate must complete the Safety management system evaluation tool (24100-02)* | 1. All necessary sections completed
 | **[ ]**  |
| 1. Completed rule compliance matrices enclosed
 | **[ ]**  |
| 1. Completed company exposition enclosed
 | **[ ]**  |
| 1. Maintenance programmes that require approval enclosed
 | **[ ]**  |
| 1. CAA 24FPP/24FPPDEC and CV for the nominated senior persons enclosed
 | **[ ]**  |
| 1. Form CAA 24100-02 enclosed (as applicable)\*
 | **[ ]**  |
| 1. Operator statement as per CAR 47.55(d) is amended to reflect details in this application
 | **[ ]**  |
| 1. Payment made (as applicable)
 | **[ ]**  |
| 1. Purchase order number (optional)
 | **[ ]**  |
| 1. Additional attachments enclosed as per this list:
 | **[ ]**  |
|       |  |

# Additional information

|  |
| --- |
| *Use this space 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** |
|    |       |
|    |       |
|    |       |
|    |       |
|    |       |
|    |       |