***Part 129 application for issue, renewal or amendment of foreign air transport operator certificate***

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| Application requirements and instructions for completing the form  1. *This application must be from the airline that seeks an FAOC and wishes to operate to, or from, New Zealand - it cannot be accepted from an agent, FBO, other airline, lessor or lessee, etc.* 2. ***Charges:*** *The CAA Standard Rate hourly charge applies. Follow this 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 3.* 3. ***Initial Issue:*** *Complete all Sections and provide a* ***copy of your Exposition*** *(this is a manual) and evidence required by Sections 5, 6, 7, 8, 9, 10, 11 and 12, of this form. An advance payment is required before assessment is commenced. Complete the relevant Matrix (checklist) to show compliance and expedite assessment.*   ***Renewal:*** *Complete Sections 1, 2, 3, 7(a) and 16;*  *Any sections that require amendment;*  *Any sections that are new approvals;*  *Any sections that require attachments which have changed;*  ***Provide an updated copy of your Exposition****; and*  *Where required, add additional plain text in Section 1 explaining any need for amendment.*  ***Amendment:*** *Complete Section 1, 2, 3, and 16, and any sections appropriate to the amendment request;*  ***Provide an updated copy of your Exposition****; and*  *Where required, add additional plain text in Section 1 explaining the need for amendment.*  ***Note****: A) adding a new aircraft type requires amendment to your exposition and Section 1, 2, 3, 5, 6, 7, 8 and 16.*  *B) adding a new registration (already approved type) requires amendment to your exposition and Section 1, 2, 3, 6, 7 and 16.*   1. ***Send:*** *Please ensure all documents and applicable fees are enclosed. No application will be processed until all required documentation and applicable fees (for issue) are received.* 2. ***Submit the completed application and supporting documentation to:***   ***Email:*** [*certification@caa.govt.nz*](mailto:certification@caa.govt.nz) |

1. **Reason for this application**

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| **Initial issue** | **Renewal** | **Amendment** |
| If required, provide additional plain text description of any amendments: | | |
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1. **Organisation details in New Zealand**

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| CAANZ Participant Number (*if known)* | | |  | | (*Not essential for initial issue*) | |
| Legal Name of Organisation (airline)  *(The certificate will be issued in this name)* | | |  | | | |
| Trading name(s) *(if any,* under which the certificate holder may operate) | | |  | | | |
| Address for Service (NZ Representative)  *The Civil Aviation Act 2023, section 73, requires applicants to provide an address for service in New Zealand (ie, a physical address, not a P.O. Box) and to promptly notify the Director of any changes.* | | | | Postal Address in NZ  *(if different from Address for Service)* | | |
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|  | | | |  | | |
| Post Code |  | | | Post Code | |  |
| Tel |  | | | Tel | |  |
| Email |  | | | Email | |  |
| Name and position of Representative in New Zealand | | | | | | |
| Name |  | | | Position | |  |
| Tel |  | | | Mobile | |  |
| Email |  | | |  | |  |
| Your reference | |  | | | | |

1. **Details for invoice**

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| 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 |  | Tel |  |
| Postal Address  *(For the invoice to be sent to individual or organisation)* |  | | |
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| Signature  *(Of the applicant or person within the organisation authorising payment)* |  |  | |

1. **Proposed services**

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| Kinds of operation proposed: | | |
| Regular (scheduled) | Passenger | Goods (Cargo, Freight) |
| Non-Regular (charter) | Passenger | Goods (Cargo, Freight) |
| Destination aerodromes in New Zealand |  | |
| Alternate aerodromes in New Zealand |  | |

1. **Aircraft types to be used**

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| 1. Aircraft registered in the country of the applicant: | | | | |
|  | | | Max certificated weights | |
| Name of Manufacturer | | Model | Take-off | Landing |
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| 1. Aircraft registered in another country:   *If the aircraft to be used are not registered in the country of the applicant, submit registration and ownership details on a separate attachment, together with a copy of the aircraft lease or charter agreement between the applicant and the lessor.* | | |  | |
|  | | | Max certificated weights | |
| Name of Manufacturer | Model | | Take-off | Landing |
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| Copy of lease or charter agreement attached  **Note:** if the lease is a ‘wet lease’ (ACMI) then the other airline will require a New Zealand FAOC. | | | | |

1. **Aircraft documents**

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| Registration and Airworthiness documents for each aircraft (every tail number/registration) are required: |
| Certificates of Registration are attached (or other acceptable evidence) |
| Certificates of Airworthiness are attached (or other acceptable evidence) |

1. **Operating certificate**

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| (a) Provide evidence that the Aviation Authority of the applicant’s country of domicile has:  1. Authorised the airline to fly to New Zealand, and  2. Authorised the use of the proposed aircraft type and model, to operate to New Zealand. | | | | |
| A copy of the applicant’s **Air Operator Certificate** is attached | | | | |
| A copy of the applicant’s **Operations Specifications** is attached | | | | |
| (b) Address of the Authority which issued the operating certificate | |  | | |
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| Tel |  | | Email |  |
| (c) Name and address of the Department within the Aviation Authority that is responsible for the operational and airworthiness surveillance of the certificate holder:  *Department or Team contact details preferred.* | | | | |
| Operations | | | Airworthiness | |
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| Tel |  | | Tel |  |
| Email |  | | Email |  |

1. **RNP10, RNP4, RVSM, Stage 3 noise level, and ETOPS/EDTO**

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| The NZFIR is designated RVSM and RNP10 airspace. Provide documentary evidence (copy of Ops Specs pages) verifying that:  (a) the aircraft are appropriately equipped and the airline is approved for RVSM  (b) the aircraft are appropriately equipped and the airline is approved for RNP10 (or RNP4)  (b) the aircraft are Stage 3 noise compliant  (c) the aircraft and airline are approved for ETOPS/EDTO |
| Ops Specs copy or other evidence attached for all above |

1. **Airline insurance**

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| Evidence of comprehensive airline insurance covering the aircraft types, aerodromes, and regions of operation: |
| Insurance copy attached |

1. **Aerodrome meteorological minima**

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| If requesting approval for take-offs in zero ceiling conditions and visibility less than 800 m, or Category II / III approaches, submit copies of the applicant’s approval granted by the Aviation Authority of the country of domicile: |
| LVO/LMO Approval copy attached |

1. **Air operator security programme**

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| For initial issue of a certificate, submit your company’s Air Operator Security Programme to conform with the requirements of NZ Civil Aviation Rules Part 108.  A program is not required if:  a) Your aircraft is freight only; or  b) It is configured to seat less than ten passengers (excluding crew member seats). | | |
| Security manual is already lodged with NZCAA |  |  |
| Security manual and/or amendments attached |  |
| Security manual not required for the operation |  |

1. **Air operator senior persons**

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| All Senior Persons must be listed in your exposition and require satisfactory identification evidence, a passport copy is requested. |
| The following Senior Persons are required:   1. **Chief** **Executive** 2. Senior Person responsible for **Flight Operations** 3. Senior Person responsible for **Airworthiness** 4. Senior Person responsible for **Security** 5. Senior Person responsible for **Safety** 6. Senior Person **NZ Representative**   Passport copies for all the above are attached. Further details will be in your exposition. |

1. **Flight crew**

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| 1. Have pilots received training in the use of navigational facilities and communications facilities for instrument flight within New Zealand? | Yes | No |
| 1. Have pilots been made familiar with air traffic control procedures and the applicable regulations prescribed for the areas to be traversed within New Zealand? | Yes | No |

1. **Layout and content of the exposition (this is a manual)**

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| The required format of the exposition is available from the CAA web site at: <https://www.aviation.govt.nz/assets/forms/24129-01A-Part-129-Exposition-Template.docx>  The Exposition template is an example to show the layout of your document, and what it has to contain. You can use this template and edit it for your operation. A separate guide is available to assist. Alternatively, write your own exposition provided it contains all the required information. |
| Exposition revision number       Exposition date |

1. **Fees and charges**

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| ***Initial issue:*** | *A minimum charge of* ***four hours*** *at the prevailing standard hourly rate is payable in advance for applications for* ***initial issue only.*** *This may be increased, depending on the credit worthiness of the applicant, to a maximum of the estimated cost of certification. The charge is credited towards the total and a final adjustment will be made on completion of certification. The CAA Standard Rate hourly charge applies thereafter 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 and amendment:*** | *The CAA Standard Rate hourly charge applies 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., 129Cert)*  ***Code:*** *CAA Participant Number (if known)*  ***Reference:*** *Aircraft Registration Mark, Organisation or Name (as applicable)*  ***SWIFT code:*** *WPACNZ2W* |
| To pay by credit card, please contact the CAA on **(04) 560 9400** and ask for Finance.  **Do not send cash or cheques. Do not send credit card details via email.** |

1. **Declaration**

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| *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 362of 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.* | This application is made for and on behalf of the organisation identified in Section 1. | | |
| I have obtained copies of Civil Aviation Rule Parts 12 Accidents & Incidents, 108 Security Programme and 129 Foreign Air Operator Certificate. I have read and understood these Rules as they apply to this application. | | |
| 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 NZ Civil Aviation Act 2023, as amended (section 13). | | |
| I further certify that a copy (may be electronic) of the Exposition and Operation Specifications will be held at each major location and destination in the exposition; and   1. relevant parts of the Exposition and Operations Specifications will be made available to those personnel who require them to carry out their duties; and 2. staff will comply with the procedures contained in the exposition. | | |
| Full name of duly authorised officer / representative of the applicant |  | Participant Number(if known) |  |
| Position of Senior Person |  | | |
| Signature |  | Date of application |  |