***Part 139 application for amendment of an aerodrome ATS status***



Note: The CAA Standard Rate hourly charge applies.

# Aerodrome operator details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a) Legal name of operator: | | | |  | | | | | | | |
| (b) Trading name: (if any) | | | |  | | | | | | | |
| (c) Client No: (if known) | | | |  |  |  |  | |  |  | |
| *(d) 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.* | | | |  | | | | | | | |
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|  | | | | | | | |
|  | | | | | | | |
| Tel: |  | Fax: |  | | | | | Email: | | |  |
| (e) Postal Address*: (If different from Address for Service.)* | | | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Tel: |  | Fax: |  | | | | | Email: | | |  |
| (f) Your reference: | | | |  | | | | | | | |
| *(Order number/contact person or other reference)* | | | | | | | | | | | |

1. **Aerodrome details**

|  |  |  |  |
| --- | --- | --- | --- |
| (a) Aerodrome name: |  | | |
| (b) Aerodrome location indicator (4 letter ICAO code): | | NZ |  |

1. **Aerodrome aircraft movement statistics**

|  |  |  |
| --- | --- | --- |
| (a) Total annual movements (include the three previous calendar years) |  | |
| (b) Total IFR annual movements (include the three previous calendar years) |  | |
| (c) Reason for proposed change in air traffic service | |  |
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1. **Air traffic services status**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a) Current air traffic service or services provided for the aerodrome:  none aerodrome flight information service  aerodrome control service approach control service approach radar control service | | | | | | | | |
| (b) Proposed air traffic service or services provided for the aerodrome:  none aerodrome flight information service  aerodrome control service approach control service approach radar control service | | | | | | | | |
| (c) Current ATS provider, if any |  | | | | |  |  |  |
| (d) Client No: (if known) |  |  |  |  |  |  | | |
| (e) Postal Address: |  | | | | |  |  |  |
|  |  | | | | |  |  |  |
|  |  | | | | |  |  |  |
| Telephone: |  | | | | |  | Fax: |  |

**Declaration**

This application is made for and on behalf of the aerodrome operator identified above.

Full name of Chief Executive: .....................................................................................................

Signature of Chief Executive: ..................................................................................................... Date of application: ..................................................

# NOTES:

*1. 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 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.*

The completed application should be submitted to:

Manager Aeronautical Services Civil Aviation Authority

PO Box 3555

Wellington 6140 New Zealand