

***Part 146 application for issue, renewal, or amendment of an aircraft design organisation certificate***

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| Application requirements and instructions for completing the form  1. *The CAA Standard Rate 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 are enclosed. No application will be processed until all required documentation is received.* 3. *Initial issue applications must submit a completed Safety management system evaluation tool (*[*24100-02*](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24100)*).* 4. ***Submit the completed application and supporting documentation to either:***   ***Email:*** [*certification@caa.govt.nz*](mailto:certification@caa.govt.nz)  ***Post:***  *Certification Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140* |

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| **New Issue** | **Amendment** | **Renewal** |

## Organisation Details

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| 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.* | | | | | |
| Trading Name *(if any)* |  | | | | |
| CAA Participant Number *(if known)* |  |  | | | |
| Address for Service of Organisation  *Civil Aviation Act 2023, section 73, requires applicants to provide an address for service in New Zealand (i.e. a physical address) and to promptly notify the Director of any changes* |  | | | | |
| Telephone |  | Email |  | | |
| Person who can be contacted for further information concerning this application | | | | | |
| Name |  | | | | |
| Position |  | | | | |
|  | | | | \*Yes | No |
| Has the organisation been convicted of 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? | | | |  |  |
| *If answering “Yes”, please provide the details on separate sheets enclosed in a sealed envelope marked “Confidential, Manager Certification Organisations, Civil Aviation Authority”. Include organisation name, Participant number (if known) and the type of certificate applied for.* | | | | | |

## 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: |  | Phone: |  |
| 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)* |  |  | |

## Ratings Applied for

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| (Refer to CAR 146.11) | D1 | D2 | D3 |

## Senior Persons

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| Names and Titles of nominated senior persons refer CAR 146.51(a): | CAA Participant No |
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| *Note: This application is to be accompanied by Form CAA 24FPP and Curriculum Vitae completed in respect of each person nominated in accordance with CAR 146.51(a).* | |

## Declaration

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| 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 to the standard required by CAA. | | | |
| I declare that, to the best of my knowledge, the information supplied in this application and any documentation attached is true and correct. | | | |
| Name of  Chief Executive |  | CAA Participant No |  |
| Signature of  Chief Executive |  | Date of application |  |
| *Note: 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.* | | | |

## Fees and Charges

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| ***Initial issue****:* | *A minimum charge of two hours at the prevailing standard hourly rate is payable in advance for applications for* ***initial issue only****, but 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., 146Cert)*  ***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

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| *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)* |  |  | | Yes | No |
| 1. All sections completed | |  | |  |
| 1. Completed rule compliance matrices enclosed | |  | |  |
| 1. Completed or amended company exposition enclosed | |  | |  |
| 1. Appropriate fit and proper person form (24FPP/24FPPDEC) and CV for the nominated senior persons enclosed | |  | |  |
| 1. Form CAA 24100-02 enclosed (as applicable)\* | |  | |  |
| 1. Payment made (as applicable) | |  | |  |
| 1. Purchase order number (optional) | |  | |  |