

| Note: The CAA standard hourly charge applies. | | | | | | | | | |
|--|--|----|--------|---|--|----------|--|------|------|
| 1. Organisa | ation Details | | | | | | | | |
| (a) Legal na | me of organisatior | 1: | | | | | | | |
| (b) Trading | or Division name: | | | | | | | | |
| (c) Participa | ant no: (if known) | | | | | | | | |
| Phone: | | | Email: | | | | | | |
| (f) Your ref | erence | | | | | | | | |
| | (Order number/contact person or other reference) | | | | | | | | |
| 2. Reason for Trial Application - Mark appropriate box | | | | | | | | | |
| Separati | Separation Standard Phraselogy Radar (Surveillance) Procedures | | | | | | | | |
| 3. Air Traffic Service to be provided (Ref CAR Part 1 Definitions) | | | | | | | | | |
| Aerodrome Control Service | | | TWR | Approach Control Service | | | | | APP |
| Area Control Service | | | ACC | Aerodrome Flight Information Service AFIS | | | | | AFIS |
| Flight Information Service (Area) FIS Air Traffic Service provided under Subpart D ATSD | | | | | | | | ATSD | |
| 4. Location | | | | | | | | | |
| For each trial applied for, indicate as applicable the name of the aerodrome/airspace being used. Where new airspace or a change in classification of existing airspace is proposed, include full details. | | | | | | | | | |
| Service | ervice Aerodrome/Airspace | | | | | | | | |
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| Use an additional sheet if necessary. | | | | | | | | | |
| Declaration | | | | | | | | | |
| 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 the Authority. | | | | | | | | | |
| I declare that to the best of my knowledge and belief the statements made and information supplied in this application and the attachments are complete and correct. | | | | | | | | | |
| Full name | | | | | | Position | | | |
| Signature | | | | | | Date | | | |

The completed application and supporting documentation should be submitted to AeronauticalServices@caa.govt.nz

or Manager Aeronautical Services

Civil Aviation Authority

PO Box 3555 Wellington 6140 New Zealand

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