

# Part 67 Accredited Medical Conclusion - request for identification of experts



### Application requirements and instructions for completing this form

- a) Please ensure all complete documents are enclosed.  
The application must include:
  - CAA Application for Medical Certificate
  - Medical Assessment Report
  - Medical Examination Report
  - Any documentation to **support** application.
  
- b) **Submit the completed application and supporting documentation to:**  
**Email: [med@caa.govt.nz](mailto:med@caa.govt.nz)**

Applicant Name

CAA Participant Number

### Class(es) of Medical Certificate sought

Class 1

Class 2

Class 3

Date of Application for  
Medical Certificate

Date of AMC Request

The Applicant has applied to the Director of Civil Aviation (the Director), under the Civil Aviation Act 2023 (the Act), for the issue of CAA medical certificates.

I have received the report of the Medical Examiner and considered this application under Schedule 2, clause 2 of the Act. I am satisfied that the applicant does not meet the medical standards prescribed in Rule Part 67 of the Civil Aviation Rules. The medical conditions and likely aviation medical issues that indicate that the applicant does not meet the medical standards are:

Despite the applicant not meeting the medical standards I wish to consider this application by relying on flexibility in accordance with Schedule 2, clause 5 of the Act. I have informed the applicant that they do not meet the medical standards and that I am seeking to rely on flexibility under Schedule 2, clause 5 of the Act.

**I request the Director to identify Expert(s) for the purpose of reaching an Accredited Medical Conclusion in the case of this application.**

**I am available and willing to be an expert for this Accredited Medical Conclusion should the Director wish to identify me for that purpose:**

Yes

No

If I were named Expert I would:

Medical Examiner Name

ME ID

Signature

Date of Application