***Part 67 application for replacement of a medical certificate***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Applicant Details** | | | | | | | | | | | |
| First Names | | |  | | | | Surname | |  | | | |
| CAA Participant ID | | |  | Date of Birth |  | | | |  | | | |
| Postal Address | | |  | | | | | | | | | |
| City/Town | | |  | | | Postcode | | |  | |  | |
| Certificate Lost, Destroyed or Stolen | | | Class 1  Class 2  Class 3 | | | | | | | | | |
| Certificate Holder’s Signature | | |  | | | Date | | |  | |  | |
| 1. **Application** | | | | | | | | | | | | |
|  | I am applying under CAR 67.65 for replacement of my medical certificate, which has been damaged  **Please enclose the damaged certificate and mail with this application.** | | | | | | | | | | | |
|  | I am applying under CAR 67.65 for replacement of my medical certificate which has been lost, stolen or destroyed  **Please complete section 4 – Statutory Declaration.** | | | | | | | | | | | |
| 1. **Application Fee** | | | | | | | | | | | | |
| Fee for replacement is $99 inc GST. The fee must be paid online at <https://sec.caa.govt.nz/onlinepayment>. Once payment is completed, an email notification with a receipt number will be sent to the email address provided | | | | | | | | | | | | |
| Receipt Number | |  | | | | | | Receipt Date | |  | | |
| 1. **Statutory Declaration** | | | | | | | | | | | | |
| First Names | | |  | | | | Surname | |  | | | |
| CAA Participant ID | | |  | Solemnly and sincerely declare that: | | | | | | | | |
| Please state why this application has been submitted | | |  | | | | | | | | | |
| And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. | | | | | | | | | |
| Certificate Holder’s Signature | | |  | | | Authorised Officer Signature | | |  | | | |
| Declared at | | |  | | | Date | | |  | | | |
|  | | | | | | | | | | | | |

Send the completed form and damaged certificate (where applicable) to:

Email: [med@caa.govt.nz](mailto:med@caa.govt.nz)

Post: Aviation Medicine Team, PO Box 3555, Wellington 6140