

# Part 67 application for replacement of 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 <input type="checkbox"/>	Class 2 <input type="checkbox"/>		Class 3 <input type="checkbox"/>			
Certificate Holder's Signature				Date			

## 2. Application

<input type="checkbox"/>	I am applying under CAR 67.65 for replacement of my medical certificate, which has been damaged <b>Please enclose the damaged certificate and mail with this application.</b>
<input type="checkbox"/>	I am applying under CAR 67.65 for replacement of my medical certificate which has been lost, stolen or destroyed <b>Please complete section 4 – Statutory Declaration.</b>

## 3. Application Fee

Fee for replacement is \$99 inc GST. The fee must be paid online at <a href="https://sec.caa.govt.nz/onlinepayment">https://sec.caa.govt.nz/onlinepayment</a> . Once payment is completed, an email notification with a receipt number will be sent to the email address provided				
Receipt Number			Receipt Date	

## 4. 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