Part 67 suspension of certificate



| Date: | Te Mana Rererangi Tümatanui o Aoteare |
|---|---------------------------------------|
| Name: | |
| Client ID: | |
| Address: | |
| | |
| Dear | |
| | ha Ci il a talia a au |
| Notice of Suspension in terms of Schedule 2, clause 12(1)(a) of t 2023. | ne Civil Aviation Act |

I have reasonable grounds to believe that you may be unable to exercise safely the privileges to which your medical certificate relates. Accordingly, pursuant to Schedule 2, clause 12(1)(a) of the Civil Aviation Act 2023 your medical certificate is suspended.

Grounds

I have taken this action on the following grounds:

Duration of Suspension

In accordance with Schedule 2, clause 13 of the Act, this suspension remains in force until I have determined what action is to be taken under Schedule 2, clause 15 but may not exceed

10 working days unless I extend the period of the suspension for a further specified period not exceeding 10 working days. Accordingly, the total period of this suspension will not exceed 20 working days.

Further action

I may determine to take any of the following actions under Schedule 2, clause 15:

- a. impose or amend conditions, restrictions, or endorsements for a specified period;
- b. withdraw any conditions, restrictions, or endorsements;

- c. disqualify you from holding a medical certificate for a specified period;
- e. cancel the suspension.

d. revoke the medical certificate;

You will be notified in writing of my decision to take any action under Schedule 2, clause 15.

Surrender of Medical Certificate

You are required by Schedule 2, clause 18 to surrender your medical certificate to Director of Civil Aviation. Please forward your medical certificate to the Medical Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140, as soon as possible.

Other affected document holders

Schedule 2, clause 17 of the Act requires me to notify any aviation document holder affected by this notice if I consider it necessary for reasons of aviation safety and gives me the discretion to notify any other affected document holder.

| I have notified the following aviation document holders of the suspension of your medical certificate: | | |
|--|--------|--|
| | | |
| Yours sincerely | | |
| Director of Civil Aviation/Delegate | | |
| ME Name: | ME ID: | |

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