

*Applicant’s Specimen Signature*

***Application for exchange to new format Licence***

*Notes to applicants:*

*1. Please use Form CAA600 for a replacement licence, when licence has been lost or damaged*

*2. For further information on the new format licence refer to* [*www.aviation.govt.nz*](http://www.aviation.govt.nz) *and see heading Pilots*

 **1. Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NZ CAA Client / Licence Number (*if known)* |       | Date of Birth *(dd/mm/yy)* |    |    |    |
| Title *(Mr/Mrs/Ms/Miss*) |       | Last Name |       |
| Given Name(s) |       |
| Country of Birth |       | Nationality |       |
| Address for Service - *Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address) and to promptly notify the Director of any changes.* |
|       |
|       |
|        |
| Tel |       | Mob |       |
| Fax |       | Email |       |
| Postal Address *(if different from Address for Service)* |
|       |
|       |
|       |
| Tel |       | Mob |       |
| Fax |       | Email |       |

 **2. Licence You Are Exchanging**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box(es)*  | Part 61 Pilot (A) (H) (RPL) | [ ]   | Part 65 ATC | [ ]   | Part 66 AMEL | [ ]   |
|  | ***NOTE:*** *You must send in your current licence(s) as part of the exchange process.* |

 **CAA USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Product Code | Receipt No. | Receipt Date | W/R No. |
| EXCHANGE |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **CAA ID**  |       |

1. **Declaration**

|  |
| --- |
| I declare that to the best of my knowledge the information supplied in this application and the documentation attached is true and correct. **Consent to Disclosure & Collection**I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge & compliance with transport safety regulatory requirements. I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act 1990, or other such purpose permitted by law. |
| **Applicant’s Signature** |  | **Date** |       |

1. **Fee**

Exchange Fee: $99.00 (incl GST)

Confirmed Receipt Number:

Unless the full fees are paid and receipt is attached, applications will not be processed.

For information relating to fees, refer to the Civil Aviation Charges Regulations. ***DO NOT SEND CASH***.

Please pay online at <https://sec.caa.govt.nz/onlinepayment> and attach the receipt that will be emailed to you.

1. **Applicant’s Check List**

|  |  |  |
| --- | --- | --- |
| *Please ensure your licence is enclosed. Applications which are incomplete will be returned.* | 1. Your current Licence(s) enclosed
 | [ ]   |
| 1. Proof of Payment – For Fee(s)
 | [ ]   |
| 1. Name and ID completed at top of this page
 | [ ]   |

**Scan this form and email with a copy of your receipt to** **lic.applications@caa.govt.nz**,, or post to Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand