***Application for issue, renewal or amendment of a Regulated***

***Air Cargo Agent Certificate under Civil Aviation Rules, Part 109***

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| Application requirements and instructions for completing the form  1. *Please ensure all documents and applicable fees are enclosed. No application will be processed until all required documentation and applicable fees are received. Follow the link for information on* [*fees and charges*](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/)*.* 2. *The application must include*    * *a completed rule compliance matrix* [*24109-02*](http://www.caa.govt.nz/Forms/24109-02.doc) *for* ***initial issue*** *and* ***renewal****;*    * *a complete exposition for* ***initial issue*** *and* ***renewal****, or the relevant amended pages for* ***amendment****, as required by rule 109.71.* 3. *Further notes and instructions are included in the grey margins of the different sections.* 4. *Use additional sheets such as those included at the end of the form to provide further details and explanations that do not fit in the original sections of the form.* |

1. **Organisation Details**

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| **CAA Participant Number** (*if known)* | | |  | |  | |
| **Legal Name of Organisation** | | |  | | | |
| *A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the* ***Companies Office Certificate of Incorporation*** *for initial issue or for an amendment involving a change to the legal name of the organisation.* | | | | | | |
| **Trading name** *(if any)* | | |  | | | |
| **Address for Service**  *The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address, not a P.O. Box) and to promptly notify the Director of any changes.* | | | | **Postal Address**  *(if different from Address for Service)* | | |
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| Post Code |  | | | Post Code | |  |
| Phone |  | | | Phone | |  |
| Email |  | | | Email | |  |
| Your reference / purchase order | |  | | | | |
| **Details of the person who may be contacted for further information** | | | | | | |
| Name |  | | | Position | |  |
| Phone |  | | | Email | |  |

1. **Reason for Application**

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| *Indicate the type of application being made. Please then complete the relevant sections of the form.* | Initial issue of certificate |  | Complete all sections |
| Renewal of certificate |  | Complete sections 1 - 7 |
| Amendment requiring prior CAA acceptance as per 109.105(b) |  | Complete sections 1, 2, 7, and only those sections appropriate to the amendment request |

1. **Questionnaire**

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| *These two questions must be answered for the initial issue and for the renewal of a certificate.* | Has the organisation been convicted for any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence? |  |
|  | Has the organisation previously had an application for an aviation document rejected or has an aviation document held by the organisation been suspended or revoked? |  |
| **Note -** If “Yes”, please provide details with this application on separate sheets. | | |

1. **Locations**

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| *Please list the facilities required under CAR 109.53* |
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1. **List of Senior Persons**

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| *For initial issue, renewal, or amendment, separate forms must accompany this application for each of the nominated senior persons as shown below.* | | | | |
| ***Initial issue:***  *Form* [*CAA 24FPP*](http://www.caa.govt.nz/Forms/24FPP.pdf) *or* [*24FPPDEC*](http://www.caa.govt.nz/Forms/24FPPDEC.pdf)*, and CV* | | | ***Renewal:***  *- Changed persons:*  *Form* [*CAA 24FPP*](http://www.caa.govt.nz/Forms/24FPP.pdf) *or* [*24FPPDEC*](http://www.caa.govt.nz/Forms/24FPPDEC.pdf)*, and CV* | |
| ***Amendment:***  *Form* [*CAA 24FPP*](http://www.caa.govt.nz/Forms/24FPP.pdf) *or* [*24FPPDEC*](http://www.caa.govt.nz/Forms/24FPPDEC.pdf)*, and CV* | | | *- Unchanged persons:*  *Their names and titles must be confirmed in this section and form* [*CAA 24FPP*](http://www.caa.govt.nz/Forms/24FPP.pdf) *or* [*24FPPDEC*](http://www.caa.govt.nz/Forms/24FPPDEC.pdf) *must be included.*  *They need not submit a CV when they are continuing in their CAA-accepted senior person role.* | |
| **Nominated persons area(s) of responsibility as per 109.51(a)** | | **Name & company title** | | **CAA Participant No.** (if known) |
| **Chief Executive** | |  | |  |
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| *Please also indicate any senior persons that are being removed from the organisation’s certificate.* | **Removed persons** | | | |
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1. **Exposition**

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| *Please list the manuals that constitute the* ***exposition*** *required by CAR 109.71*  *For* ***renewal*** *list the publications already held by CAA and their latest amendment status.* | **Manual Titles** | **Amendment No. and date** |
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1. **Declaration by Chief Executive**

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| *The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 49 of the Civil Aviation Act 1990 and is subject, in the case of a body corporate, to a maximum fine of $50,000.* | I have obtained a current copy of NZCAR Part 109, and have read and understood the contents as they apply to this application. I also have a current copy of CAR Parts 1 and 12 as applicable.  This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out in accordance with the requirements of the Civil Aviation Act 1990, Section 12. | | |
| I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct. | | |
| **Full Name of Chief Executive** |  | **CAA Participant Number** (if known) |  |
| **Signature** |  | **Date of application** |  |

1. **Fees and Charges**

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| ***Initial issue****:* | *A minimum charge of four hours at the prevailing standard hourly rate is payable in advance, but this may be increased, depending on the credit worthiness of the applicant, to a maximum of the estimated cost of certification. The charge is credited towards the total and a final adjustment will be made on completion of certification. The CAA Standard Rate hourly charge applies thereafter for the time taken to assess and process the application. Follow the link for information on* [*fees and charges.*](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/) | |
| ***Renewal and amendment:*** | *If this application is for a renewal or amendment, then no payment is required with this application. Renewals and amendments will be invoiced on completion, depending on the time taken to process.* | |
| *Pay by bank transfer:*  *Pay by credit card:* | | **Civil Aviation Authority**  **Westpac, Lower Hutt**  **03-0531-0406878-00**  ***Particulars:*** *Invoice or receipt number (if known), or rule part number applied for  (e.g., 109Cert)*  ***Code:*** *CAA Participant Number (if known)*  ***Reference:*** *Aircraft Registration Mark, Organisation or Name (as applicable)* |
| To pay by credit card, please contact the CAA on **(04) 560 9400** and ask for Finance.  **Do not send cash or cheques. Do not send credit card details via email.** |
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1. **Applicant’s Checklist**

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| *Please ensure all documents are enclosed.*  *Applications which are incomplete or lacking any required documents will not be processed.* | 1. All necessary sections completed |  |
| 1. Completed rule compliance matrix enclosed |  |
| 1. Completed or amended company exposition enclosed |  |
| 1. CAA 24FPP/24FPPDEC and CV for the nominated senior persons enclosed |  |
| 1. Payment made (as applicable) |  |
|  | 1. Purchase order number (optional) |  |

Submit the completed application together with supporting documentation to:

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

Post: Security Regulation, Civil Aviation Authority, PO Box 3555, Wellington 6140

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| *Use this sheet if you need to provide further information or explanations that do not fit in the original sections of the form.* | |
| **Section** | **Additional details or explanations** |
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**Name CAA Participant Number**