

Application for issue, renewal, or amendment of an aircraft maintenance organisation certificate

Application requirements and instructions for completing the form

- a) The CAA standard hourly charge applies. Follow the link for information on [fees and charges](#).
NOTE: If an organisation is being invoiced, you **MUST** obtain the details AND signature of the person authorising the payment in Section 2.
- b) Please ensure all documents are enclosed. No application will be processed until all required documentation is received.
- c) The application must include
- a completed rule compliance matrix [24145-02](#) for **initial issue and renewal**;
 - a complete exposition for **initial issue and renewal** (unless unchanged), or the relevant amended pages for **amendment**, as required by rule 145.67.
- d) Further notes and instructions are included in the grey margins of the different sections.
- e) 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.
- f) **Submit the completed application and supporting documentation to either:**
Email: certification@caa.govt.nz
Post: Certification Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140

Initial issue

Renewal

Amendment

1. Organisation details

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 2023, s73, 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)

Post code

Post code

Phone

Phone

Email

Email

Location of maintenance facilities
(if different from above)

This is a new location

This is a new location

| | | | |
|--|--|----------|--|
| Your reference – or – | | | |
| Details of the person who may be contacted for further information | | | |
| Name | | Position | |
| Phone | | Phone | |
| Email | | | |

2. Details for invoice

Please provide the name of the organisation or applicant and address for the invoice to be sent. If an organisation is being invoiced, you MUST obtain the details AND signature of the person authorising payment.

| | | | | |
|--|------------------------------------|--|---------------------------------------|--|
| The invoice is to be sent to | <input type="checkbox"/> Applicant | | <input type="checkbox"/> Organisation | |
| Applicant or organisation name | | | CAA Participant No | |
| Name of the person authorising payment (if applicant, N/A) | | | Purchase Order No (if applicable) | |
| Title/Position within the company | | | | |
| Email | | | Phone | |
| Postal address (for the invoice to be sent to individual or organisation) | | | | |
| | | | | |
| | | | | |
| Signature (of the applicant or person within the organisation authorising payment) | | | | |

3. Reason for application

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|---|---|--------------------------|--|
| Indicate the type of application being made, then complete the relevant sections of the form. | Initial issue of certificate | <input type="checkbox"/> | Complete all sections |
| | Renewal of certificate | <input type="checkbox"/> | Complete all sections |
| | Amendment requiring prior CAA acceptance as per rule 145.105(d) | <input type="checkbox"/> | Complete sections 1, 2, 3, 11 and only those sections appropriate to the amendment request |

4. 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", provide details with this application on separate sheets. | | |

5. Rating(s) applied for (145.11)

| | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| A1 <input type="checkbox"/> | A2 <input type="checkbox"/> | A3 <input type="checkbox"/> | A4 <input type="checkbox"/> | P1 <input type="checkbox"/> | E1 <input type="checkbox"/> |
| C1 <input type="checkbox"/> | C2 <input type="checkbox"/> | C3 <input type="checkbox"/> | C4 <input type="checkbox"/> | C5 <input type="checkbox"/> | F1 <input type="checkbox"/> |
| S1 <input type="checkbox"/> | S2 <input type="checkbox"/> | S3 <input type="checkbox"/> | | | |

Procedures for changing the scope within a rating
(provide references to your exposition)

6. Brief summary of the scope of work to be carried out

Provide references to your exposition.

7. List of Senior Persons

For initial issue, renewal, or amendment, separate forms must accompany this application for each of the nominated senior persons as shown below.

Initial issue:
The appropriate fit and proper person form ([24FPP](#) or [24FPPDEC](#)) and CV is required for each senior person.

Amendment:
The appropriate fit and proper person form ([24FPP](#) or [24FPPDEC](#)) and CV is required when a senior person is added to the certificate.

For all other amendments where there are no senior person changes to the certificate, no fit and proper person forms nor CVs are required.

Renewal:
- Changed persons:
The appropriate fit and proper person form ([24FPP](#) or [24FPPDEC](#)) and CV is required for each changed person.
- Unchanged persons:
Their names and titles must be confirmed in this section. The appropriate fit and proper person form ([24FPP](#) or [24FPPDEC](#)) is required for each person.
They need not submit a CV where they are continuing in their CAA accepted senior person role. However, a CV is required if there are any changes e.g. additional qualifications, or taking up other senior person positions for other organisations.

| Nominated persons area(s) of responsibility as per rules 145.51(a) and 145.68(1) (as applicable) | Name & company title | CAA Participant No. (if known) |
|--|----------------------|--------------------------------|
| Chief Executive | | |
| Control and Direction of Maintenance | | |
| Personnel Authorisations | | |
| System for Safety Management | | |
| Aeronautical Product Acceptance* | | |
| Inspection and Testing* | | |
| Dispatch of Aeronautical Products and Issue of the Associated Release Notes* | | |

***These positions require approval only if an organisation is applying for or already has an "S" Rating.**

Indicate any senior persons that are being removed from the organisation's certificate.

Removed persons

8. Number of persons to be employed (rule 145.51(a)(3))

| | | | | |
|------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------------------|
| 1-5 <input type="checkbox"/> | 6-10 <input type="checkbox"/> | 11-50 <input type="checkbox"/> | 51-100 <input type="checkbox"/> | > 100 <input type="checkbox"/> |
|------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------------------|

9. Procedure for authorising persons to certify maintenance (rule 145.67(a)(8)(xiii))

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| <p><i>Provide references to your exposition.</i></p> | |
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10. Facility (list any changes to facility)

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| <p><i>Provide references to your exposition.</i></p> <p><i>Indicate any changes such as addition / removal of buildings or locations.</i></p> | |
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11. Safety Management System (rule 145.65) (complete if the change is a material change).

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|--|--|
| <p><i>Provide references to your exposition.</i></p> <p><i>CAR 145.105 (d) (7) requires the Director to make prior acceptance if there is a material change to the safety management system.</i></p> | |
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12. Exposition

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|---|---------------|------------------------|
| <p><i>Please list the manuals that constitute the exposition required by CAR 145.67.</i></p> <p><i>For renewal list the publications already held by CAA and their latest amendment status.</i></p> | Manual Titles | Amendment No. and date |
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13. Applicant's checklist

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|--|---|
| <p><i>Please ensure all documents are enclosed.</i></p> <p><i>Applications which are incomplete or lacking any required documents will not be processed.</i></p> | <ol style="list-style-type: none"> 1. All necessary sections completed <input type="checkbox"/> 2. Completed rule compliance matrix is enclosed <input type="checkbox"/> 3. Completed or amended company exposition is enclosed <input type="checkbox"/> 4. Appropriate documentation for the nominated senior person(s) are enclosed <input type="checkbox"/> 5. Payment made (as applicable) <input type="checkbox"/> 6. Purchase order number (operational) <input type="checkbox"/> |
|--|---|

14. Declaration by Chief Executive or Delegated Senior Person

The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under sections 107 and 362 of the Civil Aviation Act 2023 and is subject, in the case of a body corporate, to a maximum fine of \$100,000.

I have obtained a current copy of NZCAR Part 145, and have read and understood the contents as they apply to this application. I also have a current copy of AC145-1, and CAR Parts 12 and 43 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 2023, section 13.

I declare that, to the best of my knowledge, the statements made and information provided in this application and attachments are true and correct.

Full Name of Chief Executive or Delegated Senior Person

Participant number (if known)

Signature

Date of application