

Applicant's Specimen Signature

## Application for Replacement Licence

### 1. Personal Details

NZ CAA Client / Licence Number <i>(if known)</i>		Date of Birth <i>(dd/mm/yy)</i>	
Title <i>(Mr/Mrs/Ms/Miss)</i>	Last Name		
Given Name(s)			
Country of Birth		Nationality	
Address for Service - <i>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.</i>			
Tel	Mob		
Fax	Email		
Postal Address <i>(if different from Address for Service)</i>			
Tel	Mob		
Fax	Email		

### 2. Licence(s) You Are Applying For Replacement Of

<i>Please tick the appropriate box(es)</i>	Aeroplane	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>	AME	<input type="checkbox"/>
	ATC	<input type="checkbox"/>	Other Document	<input type="checkbox"/>		
	If Other, please specify					

### 3. Explanation for Replacement Licence

<p><i>State reason / circumstances for replacement – e.g. where and how licence lost/destroyed.</i></p> <p><b>NOTE:</b> <i>You must notify the loss of your licence to the NZ Police and obtain and submit a copy of the Police Report.</i></p>	
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#### CAA USE ONLY

Product Code	Receipt No.	Receipt Date	W/R No.
MISREPL			

**4. Declaration**

<i>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 an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$10,000.</i>	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.		
	<b>Consent to Disclosure &amp; Collection</b> 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.		
	<b>Applicant's Signature</b>		<b>Date</b>

**5. Applicant's Check List**

<i>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</i>	1. Copy of police report	<input type="checkbox"/>
	2. Proof of Payment – For Fee(s)	<input type="checkbox"/>
	3. Specimen signature at top of page one	<input type="checkbox"/>
	4. Name and ID completed at top of this page	<input type="checkbox"/>

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

**Fee**

There is no fee for the addition of 'aircraft type ratings' or 'instrument rating additional aids' when applying at the same time as this application.

Replacement 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.