

Application for ATS Examiner Test Conducted by CAA

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. Test Applied For

Please indicate ATS Examiner test applied for.	ATS Examiner Rating issue	<input type="checkbox"/>	ATS Examiner Rating renewal	<input type="checkbox"/>
	I request a CAA ATS Examiner test at _____ (Tower/Centre/Simulator) _____			
Please indicate ATS Examiner assessment privileges sought.	Air traffic controller licence issue	<input type="checkbox"/>	Flight service operator licence issue	<input type="checkbox"/>
	Aerodrome control rating issue	<input type="checkbox"/>	Oceanic air-ground rating issue	<input type="checkbox"/>
	Approach control procedural rating issue	<input type="checkbox"/>	Aerodrome flight information rating issue	<input type="checkbox"/>
	Approach control surveillance rating issue	<input type="checkbox"/>	Area flight information rating issue	<input type="checkbox"/>
	Area control procedural rating issue	<input type="checkbox"/>	Air traffic service instructor rating issue (on job training)	<input type="checkbox"/>
	Area control surveillance rating issue	<input type="checkbox"/>	Air traffic service instructor rating issue (check)	<input type="checkbox"/>
			Air traffic service instructor rating renewal (check)	<input type="checkbox"/>

3. Fees

Fees will be invoiced. The CAA Standard Rate hourly charge applies.

Post this form to: Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand

CAA USE ONLY

Receipt No.	Receipt Date	W/R No.