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Fit & Proper Person Declaration No: 1734788391

The information solicited herein is required pursuant to Sections 9 and 10 of the Civil Aviation Act 1990, which provides for a Fit and Proper person test to be satisfied

	Full name:			
R	esidential address:			
	Place of Birth:			
	Date of Birth:			
Q1: Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a license that has been superseded by a replacement or a higher license)?				
ОиО	YES- provide details			
Q2: Do you currently hold a New Zealand CAA approved aviation document. (RAANZ , SAC , Part 61 , Engineer or other)?				
ОиО	YES-provide details			
Q3: Have you been convicted in any court of law of any transport safety offense in the last five years or are you presently facing charges for a transport safety offense?				
ОиО	YES- provide details			
Q4: Have you been convicted on any criminal charge or are you presently facing charges for any criminal offense				iminal offense?
О NO	YES- provide details			
Q5: Have you any history of physical or mental health or serious behavioral problems?				
О NO	YES- provide details			
DECLARATION				
 I hereby certify that to the best of my knowledge and belief the statements made and the information supplied in this questionnaire and any attachments are correct. I hereby consent to the disclosure by the New Zealand Police of any details of any convictions I may have pursuant to this application, to the Assistant Director Safety Certification, Civil Aviation Authority. I will advise RAANZ of any event affecting my Fit and Proper Person status. 				
	Signature:		Date	
The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document co an offense under Section 49 of the Civil Aviation Act 1990 and is subject, in the case of an individual, to imprisonment for a exceeding 12 months or to a fine not exceeding \$5,000. This section for RAANZ Office use				
O APPR	ROVED O DECLINED		Date:	