

Email to The CAA for ID creation med@caa.govt.nz

Re New ID Request

Dear Medical Team

Please find attached the ID request for a new aviation medical.

Please email the new ID number back to the applicant at their email address shown on their page 1 of the CAA application form attached.

Applicant Name

First

Middle Names

Surname

Applicant Email address

Applicant Phone

Home Phone

Business Phone

Cell Phone

Medical **E**xaminer Name

The CAA requires you to attach a scan of your Photo ID

Photo ID's that are **acceptable to the CAA are a Passport or NZ drivers licence**. If you do not have one of these Photo ID's. They may accept something else.

Yours Faithfully

The Applicant

Please remember to take a copy of the CAA email with your new ID number shown on it when you go to your **M**edical **E**xaminer for your medical.

I apply to the Director of Civil Aviation for a medical certificate, and hereby request a Medical Examiner to examine me for that purpose. I understand that I must pay the required Medical Certificate Application Fee of \$120.75 (including GST) as required by the Civil Aviation Fees and Charges Regulations 2012 **before** I attend an appointment with a Medical Examiner.

PAYMENT DETAILS

CAA Medical Examiner to complete

Receipt Number (attach confirmation):

Date Payment Made:

Please type onto this electronic form

CAA Medical Examiner to sight and verify confirmation

Link to payment is <https://sec.caa.govt.nz/onlinepayment>

YOUR INFORMATION (to be completed by applicant)

Title: Mr Mrs Miss Ms _____

Middle Names:

First Name:

Surname: (If changed recently, give previous surname in brackets & attach evidence)

Known As:

CAA Client ID:

Age:

Date of Birth: (DD/MM/YYYY)

Gender: (please tick)

M F

Address for Service:

Civil Aviation Act, s8, requires applicants to provide an address for service (ie, a physical NZ address) and to promptly notify the Director of any changes.

City/Town:

Postcode:

Postal Address: (If different from Address for Service)

City/Town:

State:

Country:

Postcode:

Phone No: (Business)

Phone No: (Private)

Mobile:

Email:

Pilot Certificate applied for:

Class 1 & 2 Class 2 Class 2 – No IFR Class 3

NZ Aviation document currently held:

ATPL CPL Private RPL ATC None Yet

Other or previous licences: Have you ever had a civil aviation licence or medical certificate issued before, either in New Zealand or from another authority? (Please give the year, country and licence type/number)

Employer:

Aero Club / Training Facility:

Occupation:

Aircraft types flown recently:

Hours you have flown:

Total:

Last 6 months:

General Practitioner name: (must be supplied)

General Practitioner Practice: (must be supplied)