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## Fit & Proper Person Declaration No: 1765033554

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:

Residential 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you been the holder of an aviation document which has been suspended or revoked (other than a license that has been superseded by a replacement or a higher license)?**

☐ NO ☐ YES- provide details

**Q2: Do you currently hold a New Zealand CAA approved aviation document. ( RAANZ , SAC , Part 61 , Engineer or other )?**

☐ NO ☐ 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?**

☐ NO ☐ YES- provide details

**Q4: Have you been convicted on any criminal charge or are you presently facing charges for any criminal offense?**

☐ NO ☐ YES- provide details

**Q5: Have you any history of physical or mental health or serious behavioral problems?**

☐ 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 constitutes an offense 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 \$5,000.*

**This section for RAANZ Office use**

☐ APPROVED ☐ DECLINED

Date: