



# Application for Replacement of Medical Certificate

## Section A – Applicant Details

1. Name:		2. CAA Client No:	
3. Postal Address:		4. Date of Birth:	
5. Certificate Lost or Destroyed: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>		6. Certificate Holder's Signature:  Date: / /	

## Section B – Application

I apply under CAR 67.65 for replacement of my medical certificate, which has been damaged  
**Please enclose the damaged certificate and mail with this application, to the Central Medical Unit.**

I apply under CAR 67.65 for replacement of my medical certificate which has been lost, stolen or destroyed  
 (please delete as appropriate).

Please fill in the statutory declaration **below** and mail this form and fee to the: Central Medical Unit  
 Civil Aviation Authority  
 PO Box 3555, Wellington 6140

## Section C – Declaration (Not if certificate is enclosed)

### Form of Declaration

I, \_\_\_\_\_, CAA Client ID \_\_\_\_\_ solemnly and sincerely declare that:

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signed by Applicant: \_\_\_\_\_ Signature of Authorised Officer: \_\_\_\_\_

Declared at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Person authorised to take a statutory declaration. (i.e. Justice of the Peace)

**Section D – Fee for replacement is \$99.00 (incl GST) - DO NOT SEND CASH.** Please enclose payment by cheque made out to - Civil Aviation Authority or you can also make a Visa/MasterCard payment if you wish by completing the details below. Make sure your application is completed before posting. If it is not, it will be **returned** to you.

I enclose my cheque

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> MasterCard <input type="checkbox"/>	Name on Card:		Expiry Date:	/														
Card Number:																			
Signature:																			

## OFFICE USE ONLY

Receipt No.	Receipt Date	W/R No.
MISCMED		