

# NZPIA FITAND PROPER PERSON FORM

## ***Biographical Details of Applicant Seeking a NZPIA Certificate, Rating or to be approved for a senior position relative to any Operators Certificate.***

This form must be completed for each applicant and should be forwarded whenever requested by the NZPIA or as required by NZPIA rules.  
Additional sheets may be added as necessary.

### **1. Applicant Details**

|                        |                         |   |
|------------------------|-------------------------|---|
| (a) Name of applicant: |                         |   |
|                        | Surname                 | First name(s)   |
| (b) NZPIA ID No        |                         | Nationality   |
| (c) Date of Birth:     | Place of Birth:         | Sex   |
|                        |                         | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| (d) Business Address   | (e) Residential Address |   |
| <input type="text"/>   | <input type="text"/>    |   |
| <input type="text"/>   | <input type="text"/>    |   |
| <input type="text"/>   | <input type="text"/>    |   |
| <input type="text"/>   | <input type="text"/>    |   |
| <input type="text"/>   | <input type="text"/>    |   |

### **2. Applicant Declaration**

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is correct and that the enclosed copies of my personal documents are authentic and that the information shown on them is true and correct.  
I hereby authorise the New Zealand Parachute Industry Association Ltd to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the NZPIA to any person who requires such information to carry out any function as lawfully directed by the NZPIA I consent to the disclosure by the New Zealand Police of any details of any convictions I may have pursuant to this application, to the CEO, New Zealand Parachute Industry Association Ltd.  
*Note: Such a disclosure may NOT include information relating to any discharge under Section 19 of the Criminal Justice Act 1985, or Section 347 of the Crimes Act 1961, or Section 282 of the Children and Young Persons and their Families Act 1989.*

Signature of applicant: .....

Date:.....

### 3. Questionnaire (to be completed by the applicant)

THE INFORMATION SOLICITED HEREIN IS REQUIRED PURSUANT TO SECTIONS 9 AND 10 OF THE CIVIL AVIATION ACT 1990, WHICH PROVIDE FOR A FIT AND PROPER PERSON TEST TO BE SATISFIED

(a) 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 licence that has been superseded by a replacement or a higher licence)?  
If answering "Yes", please give details.

Yes  No

Details:

---

---

---

---

---

---

**YES**      **NO**

(b) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence?

    

(c) Have you been convicted on any criminal charge or are you presently facing charges for any criminal offence?

    

(d) Have you any history of physical or mental health or serious behavioural problems?

    

If answering "Yes" to question b, c, or d above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, CEO, New Zealand Parachute Industry Association Ltd. Include name, certificate number (if known) and certificate applied for.

*The provision of false information or failure to disclose information which may be relied upon by the Director of the Authority relevant to the grant or holding of an aviation document constitutes an offence 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.*