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 ☐ Class 2 ☐ Class 3 ☐		**6. Certificate Holder's Signature:** Date: / /	

Section B – Application

☐ I apply under CAR 67.77 for replacement of my medical certificate, which has been damaged
Please enclose the damaged certificate and mail with this application, to the CASA PNG PEL Branch.

☐ I apply under CAR 67.77 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:

CAA PNG PEL Branch
PO Box 1941,BOROKO
NCD, PNG

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, Affirmations and Statutory Declarations Act 1962.

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 K330.00 (incl GST) - PLEASE PAY CASA PNG CASH ON DELIVERY

Signature:																		

OFFICE USE ONLY

Receipt No.	Receipt Date	W/R No.
MISCMED		

24067-407
June 2016