



Additional Applicant Details (High-Altitude Licence)

This form is used when there is more than one applicant for a High-altitude Licence under the [Outer Space and High-altitude Activities Act 2017](#). There must be one form completed for each additional applicant.

Please provide the reference number for the primary application this form is associated with (if you have one), otherwise the name of the applicant in the primary application form:

Your reference number

Completing this form

We recommend you refer to the [Guidance for Applicants: High-altitude Licence](#) document when completing this form.

Where you are providing information on this form; you can do this by responding to the questions either directly on the form, or if needed by attaching a separate document and noting this on the form.

SECTION 1: APPLICANT DETAILS

Applying as a natural person? › Start at question 1.1a, then continue filling in the rest of the form.

Applying on behalf of a body corporate? › Start at question 1.1b, then continue filling in the rest of the form.

Applying on behalf of an entity that is not a body corporate? › Start at question 1.1c, then continue filling in the rest of the form.

1.1a. For a natural person, please provide the following information:

i You will need to attach a copy of the photo/details page of your passport as evidence of your identity.

Full legal name	
Address for Service (Physical Address)	
Telephone number	
Email address	
Current Nationality or Nationalities	
Passport number	
Passport issuing nation	

1.1b. For a body corporate please provide the following information:

Body corporate name	
Address for service (Physical Address)	
Telephone number	
Email address	
Registered office address	
The country or jurisdiction in which the body corporate is incorporated (if outside New Zealand)	
The unique number assigned to the body corporate on incorporation (if any)	

1.1c. For an entity that is not a body corporate please provide the following information:

Entity name	
Form of organisation	
Address for service (Physical Address)	
Telephone number	
Email address	
Registered office or principal place of business	

1.2a. Ownership and control interests. In respect of each individual who has a 10% or more ownership or control interest in the applicant (as defined in [regulation 3\(2\)](#) of the Regulations), please provide the following details:

i Please complete additional [APP 200I Additional Ownership and Control \(Individual\) Details](#) forms as required.

Full name	Address for Service (physical address)	Telephone number	Email address	Current Nationality or Nationalities

1.2b. In respect of each body corporate that has a 10% or more ownership or control interest in the applicant (as defined in regulation 3(2) of the Regulations) please provide the following details:

i Please complete additional [APP 200B Additional Ownership and Control \(Body Corporate\) Details](#) forms as required.

Body corporate name	Registered office address	The unique number assigned to the body corporate on incorporation (if any)	The country or jurisdiction in which the body corporate is incorporated (if outside New Zealand)

SECTION 2: FITNESS TO HOLD A LICENCE

i Applicants do not need to declare convictions covered by the Criminal Records (Clean Slate) Act 2004. If they disclose convictions that are covered by the Criminal Records (Clean Slate) Act 2004, the conviction will not be taken into account.

Questions	Yes/No	Details of who, what and when
<p>2.1 Have you or any other person who has, or is likely to have control over the exercise of rights under the licence, ever had a licence, permit, or other authorisation for the same or substantially similar activity refused, suspended, or revoked under the law of a country other than New Zealand?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2.2 Have you, or any other person who has, or is likely to have control over the exercise of rights under the licence, ever been charged with, convicted or found guilty of any offence in New Zealand or any other jurisdiction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2.3 Have you, or any other person who has, or is likely to have control over the exercise of rights under the licence, ever had an aviation document under Civil Aviation Act 1990, or regulations or rules made under that Act, suspended or revoked (other than a revocation at the request of the applicant) or had conditions imposed on an aviation document?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2.4 Have you, or any other person who has, or is likely to have control over the exercise of rights under the licence, ever received notice of a proposed adverse decision from the Civil Aviation Authority under section 11 of the Civil Aviation Act 1990 (or a proposed decision by a regulator under the law of a country other than New Zealand to the effect that a person is not a fit and proper person to hold a licence, permit, or other authorisation in relation to the activity)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Completing form on behalf of a natural person? › Complete question 2.5, then continue filling in the rest of the form.

Completing form on behalf of a body corporate or organisation? › Please continue on to section 3.

	Yes/No	Details of what and when
2.5 Have you, or any other person who has, or is likely to have control over the exercise of rights under the licence, been subject to a compulsory treatment order under Part 2 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (or an equivalent order under the law of a country other than New Zealand)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: DECLARATION

I declare that all information provided in this application is accurate and complete in all material aspects and that I am authorised to sign this application.

Signature:	
Full name:	
Position of signatory:	
Date:	

Collection and Use of information

Information provided with your application is treated confidentially but may be subject to release under the provisions of the Official Information Act 1982. If this is the case, there are a number of reasons for withholding information under the Official Information Act 1982, including commercial sensitivity and we will consult with you before the material is considered for public release.

The personal information you must include in this form is needed to process your application under the Act. You have the right under the Privacy Act 1993 and/or the Official Information Act 1982 to access information held about you by the Ministry of Business Innovation and Employment and request that this information be corrected if necessary.

The Act allows the sharing of information both from the Ministry of Business Innovation and Employment to other agencies, and from other agencies to the Ministry of Business Innovation and Employment in order to assist the minister in the performance or exercise of its functions, duties, or powers under the Outer Space and High-altitude Activities Act 2017.

Checklist

Before submitting this form check that you have:

- Answered every required question on this application form.
- Attached evidence of your Identity.

The instructions for submitting this form electronically can be found at www.mbie.govt.nz/space/new-zealand-space-agency/launching or you can mail it to the postal address listed below.

www.mbie.govt.nz/space
nzspaceagency@mbie.govt.nz
PO Box 1473, Wellington 6140, New Zealand

FREEPHONE (WITHIN NEW ZEALAND):
0508 THENZSPACEAGENCY (0508 843 697)
INTERNATIONAL CALLS: +64 3 9437811

The New Zealand Space Agency is a branch of the New Zealand Ministry of Business, Innovation and Employment. We regulate launch vehicles reaching outer space, launch facilities, high altitude vehicles and satellites through licences and permits.