

Schedule 5 cl 41

New tests substituted in Parts A, B, and C of Schedule 6 of principal rule, and new Parts E and F substituted in Schedule 6 of principal rule

Part A Standard Full Licence Test (Class 1)



Standard Full Licence Test (Class 1)

Licence number <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Pre-drive check	
Applicant name <input type="text"/>	Day Month Year	<input type="radio"/> Y <input type="radio"/> N Vehicle Posture	<input type="radio"/> Y <input type="radio"/> N Headlights
Signature of Applicant <input type="text"/>	Final ratings	<input type="radio"/> Y <input type="radio"/> N Body Work	<input type="radio"/> Y <input type="radio"/> N Wipers
		<input type="radio"/> Y <input type="radio"/> N Tyres and wheels	<input type="radio"/> Y <input type="radio"/> N Horn
		<input type="radio"/> Y <input type="radio"/> N Indicators	<input type="radio"/> Y <input type="radio"/> N Documentation
		<input type="radio"/> Y <input type="radio"/> N Brake Lights	<input type="radio"/> Y <input type="radio"/> N Driver Posture
		<input type="radio"/> Y <input type="radio"/> N RUC	Registration Number <input type="text"/>
Memo to Applicant <hr/> <hr/> <hr/>			
Testing Officer's name <input type="text"/>		Signature of Testing Officer <input type="text"/>	
Test Location <input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Part 1		Notes	
Driving Straight Location <input type="text"/>	MU SE SC PO <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N	Yes's <input type="checkbox"/>	No's <input type="checkbox"/>
Turning Left Give Way/Stop Sign Location <input type="text"/>	MU SE SU BR SC PO GS <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N	Yes's <input type="checkbox"/>	No's <input type="checkbox"/>
Turning Left Unburdened Location <input type="text"/>	MU SE SU BR SC PO GS <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N	Yes's <input type="checkbox"/>	No's <input type="checkbox"/>
Turning Right Give Way Sign Location <input type="text"/>	MU SE SU HC BR SC PO GS <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N	Yes's <input type="checkbox"/>	No's <input type="checkbox"/>
Turning Right Stop Sign Location <input type="text"/>	MU SE SU HC BR SC PO GS <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N	Yes's <input type="checkbox"/>	No's <input type="checkbox"/>
Turning Right Unburdened Location <input type="text"/>	MU SE SU HC BR SC PO GS <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N <input type="radio"/> N	Yes's <input type="checkbox"/>	No's <input type="checkbox"/>
SUMMARY Part 1 <input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Terminated		RESULTS Part 1 Total Yes's: <input type="text"/> Total No's: <input type="text"/>	
TEST SUMMARY <input type="radio"/> P Pass <input type="radio"/> F Fail <input type="radio"/> T Terminated <input type="radio"/> V Vehicle <input type="radio"/> L Person <input type="radio"/> N Nonappearance		Total Yes's: <input type="text"/> Total No's: <input type="text"/> <input type="text"/> x 100 = <input type="text"/> %	

DL31(G)

Schedule 1

rr 15, 17(1), 18(1), 19(1),
24(1)(a), (3)(a), 29(1), 30(a)

Forms

Form 1

rr 15(1), 17(1), 18(1), 19(1)

Application for prospecting, exploration, or mining permit
under section 23(1) of Crown Minerals Act 1991

Applicant details*

Full name of applicant:

Address for service:

Email address:

Full name and telephone
number of general con-
tact person for applica-
tion:

Full name and telephone
number of financial con-
tact person for applica-
tion:

Full name, telephone
number, and email
address of geotechnical
contact person for appli-
cation:

Type of applicant:

Incorporated society/overseas com-
pany/partnership/charitable
trust/registered company/local autho-
rity/industrial and provident
society/Crown/other [*state type*]

Form 1—*continued*

Applicant's New
Zealand Companies
Office number (if appli-
cable):†

*The personal information you must include in this form is needed to process your application under the Crown Minerals Act 1991. You have the right under the Privacy Act 1993 or the Official Information Act 1982 to access and request that this information be corrected.

†The unique number assigned to the company on its incorporation.

Permit details

Permit type to which
application relates:

Permit number (if appli-
cation for subsequent
permit):

If this is a prospecting application, is a
non-exclusive permit sought? Yes/No

Duration: (years) (months)

Area: (hectares/square kilometres)

Location: (region) Onshore: Yes/No

Application fee

Cash Credit card Cheque Direct debit Direct credit

Form 1—*continued***Supporting information**

Please send with your application the prescribed fee required under the Crown Minerals (Petroleum Fees) Regulations 2006 for an application of this type (or evidence of it having been paid) and any information that is required under the Crown Minerals (Petroleum) Regulations 2007 to accompany an application of this type.

Authorised signature‡

Authorised signature(s):

Date:

Schedule

s 3

Forms

Form 1

Application for prospecting, exploration, or
mining permit under section 23(1) of Crown
Minerals Act 1991

Note: The personal information you must include in this form is needed to process your application under the Crown Minerals Act 1991. You have the right under the Privacy Act 1993 or the Official Information Act 1982 to access this information and request that it be corrected.

Applicant details

Applicant's full name:

Address for service:

Email:

Applicant type. Select one from the following list:

- incorporated society
- overseas company
- partnership
- charitable trust
- registered company
- local authority
- industrial and provident society
- Crown

Applicant's New Zealand Companies Office number: [*the unique number assigned to the company on its incorporation*]

Applicant type: [*specify, eg, incorporated society, overseas company, partnership, charitable trust, registered company, local authority, industrial and provident society, Crown*]

Details of contact persons

General contact person: [*full name*]

Telephone:

Financial contact person: [*full name*]

Telephone:

Geotechnical contact person: *[full name]*

Telephone:

Email:

Permit details

Permit type:

Permit number (if application for subsequent permit):

Non-exclusive permit sought (if prospecting application): Yes/No

Duration: *[years, months]*

Area: *[hectares or square kilometres]*

Location: *[region]*

Onshore: Yes/No

Payment of fee

Payment method. Select one from the following list:

- cash
- credit card
- cheque
- direct debit
- direct credit

Payment of fee

Payment method: *[specify cash, credit card, cheque, direct debit or direct credit]*

Supporting information

With your application, please send the fee prescribed under the Crown Minerals (Petroleum Fees) Regulations 2006 for an application of this type (or evidence of its having been paid) and any information that is required under the Crown Minerals (Petroleum) Regulations 2007 to accompany an application of this type.

Authorised signature(s)

If this application is made by 2 or more persons, it must be signed and dated by each signatory in accordance with regulation 6 of the Crown Minerals (Petroleum) Regulations 2007.

Authorised signature(s):

Date:

Form 6
Notification of changes to charitable entity that is
single entity
Section 40, Charities Act 2005

Single entity details

- 1 Legal name of the single entity.

- 2 Legal name of the parent entity.

- 3 Single entity registration number.

Changes to single entity's details

- 4 New legal name of the single entity.

- Effective date of change

- 5 New other name of the single entity.

- Effective date of change

- 6 New name of the parent entity.

- Effective date of change

- 7 New address for service for the single entity.

- Effective date of change

Form 6—continued

8 New end of financial year / balance date for the single entity. (day/month)
[]

Effective date of change (day/month/year)
[]

9 Changes to other details (optional). Phone (day):
[]
Fax:
[]
Email:
[]
Website:
[]

Changes to charitable purpose

Sectors

10 If your sectors of operation have changed, please indicate what you do now. Please select as many boxes as needed.

<input type="checkbox"/> accommodation / housing	<input type="checkbox"/> sport / recreation
<input type="checkbox"/> education / training / research	<input type="checkbox"/> care / protection of animals
<input type="checkbox"/> health	<input type="checkbox"/> international activities
<input type="checkbox"/> environment / conservation	<input type="checkbox"/> economic development
<input type="checkbox"/> marae on reservation land	<input type="checkbox"/> fund-raising
<input type="checkbox"/> community development	<input type="checkbox"/> disability
<input type="checkbox"/> emergency / disaster relief	<input type="checkbox"/> promotion of volunteering
<input type="checkbox"/> social services	<input type="checkbox"/> other (please state below)
<input type="checkbox"/> employment	
<input type="checkbox"/> religious activities	
<input type="checkbox"/> arts / culture / heritage	

[]
[]

Effective date of change (day/month/year)
[]

11 If your main sector of operation has changed, please indicate what it is now. []
[]

Effective date of change (day/month/year)
[]

Form 6—*continued***Activities**

- 12 If your activities have changed, please indicate what you do now. Please select as many boxes as needed.

- | | |
|---|---|
| <input type="checkbox"/> makes grants / loans to individuals | <input type="checkbox"/> provides advice / information / advocacy |
| <input type="checkbox"/> makes grants / loans to organisations (including schools or other charities) | <input type="checkbox"/> sponsors / undertakes research |
| <input type="checkbox"/> provides other finance (eg, investment funds) | <input type="checkbox"/> acts as an umbrella / resource body |
| <input type="checkbox"/> provides human resources (eg, staff / volunteers) | <input type="checkbox"/> provides religious services / activities |
| <input type="checkbox"/> provides buildings / facilities / open space | <input type="checkbox"/> other (please state below) |
| <input type="checkbox"/> provides services (eg, care / counselling) | <div style="border: 1px solid black; padding: 2px;">[]</div> |

Effective date of change

(day/month/year)

- 13 If your main activity has changed, please indicate what it is now.

[]

Effective date of change

(day/month/year)

Beneficiaries

- 14 If your beneficiaries have changed, please indicate who they are now. Please select as many boxes as needed.

- | | |
|---|---|
| <input type="checkbox"/> children / young people | <input type="checkbox"/> older people |
| <input type="checkbox"/> voluntary bodies other than charities | <input type="checkbox"/> people with disabilities |
| <input type="checkbox"/> animals | <input type="checkbox"/> general public |
| <input type="checkbox"/> people of a certain ethnic / racial origin | <input type="checkbox"/> migrants / refugees |
| <input type="checkbox"/> family / whanau | <input type="checkbox"/> other (please state below) |
| <input type="checkbox"/> religious groups | <div style="border: 1px solid black; padding: 2px;">[]</div> |
| <input type="checkbox"/> other charities | |

Effective date of change

(day/month/year)

Form 6—*continued*

- 15 If your main beneficiary has changed, please indicate who it is now.

Effective date of change

 (day/month/year)**Areas of operation**

- 16 If your areas of operation have changed, please indicate what they are now. Please select as many boxes as needed.

New Zealand Nationwide**Or less than nationwide**

- | | |
|--|--|
| <input type="checkbox"/> Northland | <input type="checkbox"/> Wellington–Wairarapa |
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Nelson–Marlborough–Tasman |
| <input type="checkbox"/> Waikato | <input type="checkbox"/> West Coast |
| <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Canterbury |
| <input type="checkbox"/> Gisborne | <input type="checkbox"/> Otago |
| <input type="checkbox"/> Hawke’s Bay | <input type="checkbox"/> Southland |
| <input type="checkbox"/> Taranaki | <input type="checkbox"/> Chatham Islands |
| <input type="checkbox"/> Manawatu–Wanganui | |

Overseas

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Oceania | <input type="checkbox"/> Antarctica |
| <input type="checkbox"/> Asia | <input type="checkbox"/> South America |
| <input type="checkbox"/> Africa | <input type="checkbox"/> North America |
| <input type="checkbox"/> Europe | |

Effective date of change

 (day/month/year)

- 17 Identify the percentage of New Zealand-sourced funds that were spent overseas in the last financial year (or if the single entity has not been operating for a year, the percentage of New Zealand-sourced funds that the single entity intends to spend overseas in the upcoming financial year).

Form 6—*continued***Change to officers**

- 18 Do you need to add any new officers of the single entity to the register?

Yes	<i>Please complete an officer certification form</i>
-----	--

- 19 Please provide details for each officer of the single entity. This is to ensure that the Charities Commission can match up your officer certification forms with the officers you advise in this form. Please note that each officer or someone on the officer's behalf must complete and sign an officer certification form.

Individual officer

Given or first name:	Surname or family name:
----------------------	-------------------------

Body corporate

Name of body corporate:

Form 2
Notification of changes to charitable entity that
is single entity

Single entity details

- 1 Legal name of the single entity:
- 2 Legal name of the parent entity:
- 3 Single entity registration number:

Changes to single entity's details

- 4 New legal name of single entity:
Effective date of change: [*day, month, year*]
- 5 New other name of single entity:
Effective date of change: [*day, month, year*]
- 6 Changes to other details (optional)
Telephone (day):
Fax:
Email:
Website:

Changes to charitable purpose

- 7 If your sectors of operation have changed, please indicate what you do now by selecting as many of the following that apply:
 - accommodation/housing
 - education/training/research
 - health
 - environment/conservation
 - marae on reservation land
 - community development
 - emergency/disaster relief
 - social services
 - employment
 - religious activities
 - arts/culture/heritage
 - sport/recreation

- care/protection of animals
- international activities
- economic development
- other [*specify*]

Effective date of change: [*day, month, year*]

- 8 If your main sector of operation has changed, please indicate what it is now: [*specify current sector of operation*]

Effective date of change: [*day, month, year*]

Activities

- 9 If your activities have changed, please indicate what you do now by selecting as many of the following that apply:

- makes grants/loans to individuals
- makes grants/loans to organisations (including schools and other charities)
- provides other finance
- other [*specify*].

Effective date of change: [*day, month, year*]

Areas of operation

- 10 If your areas have changed please indicate what they are now by selecting as many of the following that apply:

New Zealand

- Nationwide

or

Region

- Northland
- Auckland
- Waikato
- Bay of Plenty
- Gisborne

Overseas

- Oceania
- Asia
- North America

Effective date of change: [*date, month, year*]

Change to officers

11 Please provide details of the single entry.

This is to ensure that the Charities Commission can match up your officer certification forms with the officers you advise in this form. Please note that each officer of someone on the officer's behalf must complete and sign an officer certification form.

Individual officer: [*full name*]

Name of body corporate: