

Q @ A f i { k A . ^ a s ^ k a a a * A f i a } A a f o s @ k A ~ a a a A f A i a a ^ . A A @ B @ i A Q { ^ A f i } d ^ A a A @ A a @ . A f A i A i a a ^ . A a A a f o s A & f { { a a A A Z E A A new form must be completed for each visit, even if a GNZ QGP Certificate is already held. D A

Personal Details:

First name Family name Date of birth / /

Home address

Email address Nationality

Home gliding club Club contact phone

Next of kin name Contact phone

Dates intend to fly gliders in NZ - from / / to / /

Gliding NZ Membership Nr Gliding NZ QGP Nr

Gliding Qualifications & Experience:

Licence type Medical valid until date / /

Solo gliding hours Total Last 90 days

Qualified in Aero-tow Winch launch Auto launch Self launch

Glider types flown and sites operated from in last 12 months

FAI awards achieved

Instructor Rating held Do you wish to instruct in NZ? Yes No

Declarations:

I hereby certify that the above information is correct

I hereby certify that the pilot named above:

- 1) has successfully completed a flight check to the appropriate BFR standard and;
2) is operating under the jurisdiction of and;
3) has been assessed as qualified and experienced for the issue of a GNZ QGP Certificate and understands that his/her gliding operations in New Zealand are under my jurisdiction as CFI.

..... / /

CFI I hereby certify that the above information is correct and that the pilot named above is qualified and experienced for the issue of a GNZ QGP Certificate and understands that his/her gliding operations in New Zealand are under my jurisdiction as CFI.

§ OPZAE a a A U - a i E A E A C n . O A U i a a E T o t a e } * a } a n F F i E A

4 fee payment options:

- Checkboxes for: Cheque posted with this form, GNZ commercial operator bulk fee, GNZ invoice to club, Direct by internet banking to Account No 02-0568-0304955-00

For Official use only GNZ Membership Nr raised QGP Nr issued Date issued / / Signature