

*On completion, sign and send to the relevant ROO. Save a copy for your records.*

<b>Surname</b> _____	<b>First names</b> _____
<b>Address</b> _____ _____	<b>Date of Birth</b> _____ <i>dd/mm/yyyy</i>
<b>Phone</b> _____	<b>Nationality</b> _____
<b>Email</b> _____	<b>GNZ Number</b> _____
	<b>Gliding Club</b> _____

Gliding experience and currency

<u>Total:</u> P + P1 hours _____ Launch Nos A ____ W ____ M ____ S ____ Instructing hours (upgrades only) _____	<u>Last 12 months:</u> P + P1 + P2 hours _____ launches _____ P hours _____ launches _____ P1 hours _____ launches _____
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<u>Rating currently held (upgrades only):</u> <i>(Tick applicable)</i>	<u>Rating applied for:</u> <i>(Tick applicable)</i>
Category                    A        B        C        D	Category                    A        B        C        D
Launch methods            A        W        M        S	Launch methods            A        W        M        S
Instructor Trainer	Instructor Trainer
Aerobatic Instructor      Aero            Advncd Aero	Aerobatic Instructor      Aero            Advncd Aero

I hereby certify that all particulars shown on this application are, to the best of my knowledge, true and correct. I declare that I am a "fit and proper person" having regard to Sections 9 and 10 of the Civil Aviation Act. I have not had an application for an aviation licence rejected or an aviation licence suspended or revoked; nor have I been convicted of nor am I presently facing charges for any transport safety regulatory offence; and I am physically and mentally healthy.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of CFI** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby certify that the applicant named above has completed the training required in accordance with the GNZ MOAP, and is proficient to exercise the privileges of the Instructor Rating applied for.

Additional Instructor Trainer comments noted on back of form?                    Yes                    No

**Signature of Instructor Trainer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructor Trainer Name** \_\_\_\_\_

<i>Official use only</i>			
Signature of Regional Operations Officer _____		Date _____	
Regional Operations Officer Name _____			
Rating issued ( <i>Circle</i> ) → Cat    A    B    C    D    Launch A    W    M    S    Trainer    Aero    Advncd Aero			
_____	_____	_____	_____
Name of Issuer	Signature of Issuer	Date of Issue	Database updated