Gliding New Zealand Application for Issue or Upgrade of Instructor Rating

You must be a full-flying member of a GNZ affiliate (VFP not eligible). On completion, sign and send to the relevant ROO.

Surname	First names						
Address			Date of Birth				
			Nationality				
Phone	GNZ Number						
Email	Gliding Club						
Gliding experience and currency							
Total:	Last 12 months:						
P + P1 hours	P + P1 + P2 hours launches						
Launch Nos A W	Р	hours	launches				
Instructing hours (upgrad	P1	hours	launches				
Rating currently held (upg	Rating applied for: (Tick applicable)						
Category A	В	C D	Category	,	A В	С	D
Launch methods A	W	M S	Launch methods A		A W	M	S
Instructor Trainer	Instructor Trainer						
Aerobatic Instructor	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							
Instructor Trainer Name							
Official use only							
Signature of Regional Operations Officer					-		
Regional Operations Office		· · · · · · · · · · · · · · · · · · ·	Date				
Rating issued (Circle) → Cat A B C D Launch A W M S Trainer Aero Advncd Aero							
Name of Issuer	Signature	of Issuer	Date o	Date of Issue		Database undated	

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