

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

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 \_\_\_\_\_

CFI Name \_\_\_\_\_

The following lists the specific requirements for the Cross-Country Pilot Certificate (XCP) as detailed in the GNZ MOAP (Section 2-3), and all requirements must be completed before the XCP can be awarded. An instructor is to sign each item when the applicant has been trained and is proficient or has produced the required supporting evidence.

Requirement	MOAP Ref	Instructor Signature	Date
Valid medical status	Section 2-3 para 1.1		
'Solo Pilot' training syllabus complete.	Appendix 2-C		
'Soaring Pilot' training syllabus complete	Appendix 2-C		
'Cross-Country pilot' training syllabus complete (Attach scan of completed XCP checklist.)	Appendix 2-C		
Logbook endorsement on completion of above	Section 2-3 Para 3.3		

**Instructions**

1. **CFI** please ensure all relevant sections are completed in **BLOCK LETTERS**, scan or photocopy for your own records, and send completed form to:  
**GNZ Awards Officer**  
**40 Eversham Road**  
**Mt Maunganui 3116**
2. Pay the \$20.00 fee to Gliding New Zealand Inc by:
  - cheque posted with this form
  - or
  - direct by internet banking §

<small>Official use only</small>			
_____	_____	_____	_____
Date received	Date issued	Certificate Number	Signature of Issuer

§ Gliding New Zealand Inc, Account No **02-0568-0304955-00**. Quote last name or GNZ No.