## **Gliding New Zealand**

## **Application for Tow Pilot Instructor Approval**

Refer to GNZ AC 2-09 Manual of Glider Tow Pilot Training paragraph 1.3 for advice on the qualifications and experience required for a tow pilot instructor approval.

| Personal De                                    | tails:                |                      |  |                               |                   |
|--|-----------------------|----------------------|--|-------------------------------|-------------------|
| First name                                     |                       | Family name          |  | Date of birth                 | dd/mm/yyyy        |
| Home address                                   |                       |                      |  |                               |                   |
| Email address                                  |                       |                      | Nationality                              |                               |                   |
| Gliding club                                   |                       |                      | Gliding NZ Membe                         | rship Nr                      |                   |
| Pilot Licence                                  | e Information:        |                      |  |                               |                   |
| PPL(A)   | CPL(A)                | ATPL                 | Medical Class                            | valid until date              | dd/mm/yyyy        |
| Flight Instructor Aeroplane Rating Category(   |                       |                      |  | valid until date              | e<br>dd/mm/yyyy   |
| Power and G                                    | Blider Towing E       | xperience:           |  |                               |                   |
| Total time PIC A                               | Aeroplane             | hours                | Glider Towing                            | tows                          | hours             |
| Nr of multiple to                              | ws                    | Nr of aero-tow       | field retrieves                          |                               |                   |
| Currently serving                              | g on club towing ro   | ster?∰^∙ ∰           | ] <1000000000000000000000000000000000000 |                               |                   |
| Gliding Expe                                   | erience:              |                      |  |                               |                   |
| Total time PIC G                               | Bliders               | hours                | launches                                 |                               |                   |
| FAI Gliding Awa                                | irds held             |                      |  |                               |                   |
| Glider Instructor                              | Rating held           |                      |  |                               |                   |
| Declarations                                   | <b>:</b> :            |                      |  |                               |                   |
| I hereby certify t                             | hat the above infor   | mation is correct    | (Signature                               | <br>of pilot)                 |                   |
| I hereby recomn                                | nend that the pilot r | named above be       | issued with a Tow Pilot Ins              | tructor Approva               | l.                |
| (Name of CFI )                                 |                       |                      | (Signature)                              | dd/mn                         | <br>1/yyyy        |
| <b>CFI</b> please copy t (ROO). There is r     |                       | or your own record   | s and send the original direct t         | o the Regional O <sub>l</sub> | perations Officer |
| <b>ROO</b> if satisfied v<br>National Operatio |                       | he applicant, sign y | our recommendation below a               | nd forward the ap             | plication to the  |
| (Name of ROC                                   | ))                    |                      | (Signature)                              | dd/mi                         | n/yyyy            |
| For Official use on                            | ly                    |                      |  |                               |                   |
| Date issued                                    | bv                    |                      | Signatu                                  | re                            |                   |