Gliding New Zealand

Notification of Issue of Glider Tow Pilot Rating

Personal Det	aiis:					
First name		Family name		Date of birth	dd/mm/yyyy	
Home address						
Email address			Nationality			
Gliding club			Gliding NZ Membership Nr			
Pilot Licence	Information:					
PPL(A)	CPL(A)	ATPL	Medical Class	valid until date	dd/mm/yyyy	
Power Flying	Experience:					
Total time PIC A	eroplane	hours	Aeroplane Types			
Gliding Expe	rience:					
Total time PIC G	liders	hours	launches			
FAI Gliding Awar	ds held					
Declarations:	:					
I hereby certify th	nat the above inforr	nation is correct	(Signature o	of applicant)		
of gliders in acco	rdance with Gliding	g NZ AC 2-09, aı	med applicant has demonst nd I have issued a CAR Par ance with 61.603(a). The co	rt 61 glider tow r	ating by	
		(Indicate whether	r the records are held by self or by	the CFI of the (nam	ed) gliding club)	
(Name of Tow F	Pilot Instructor)		(Signature)	dd/mm	/yyyy	
	tor please copy this of (ROO). There is no t		r your own records and send th	ne original direct to	o the Regional	
	e the issue of this ra (NOO) for database		below and forward this compl	eted form to the N	lational	
(Name of ROO)		(Signature)	dd/mn	n/yyyyy	
For Official use only	Υ					
Database action	completed by		Signature	Date	∋	