

Fill out the relevant sections on computer, save the file, then send it to jasonshieldsNAO@gmail.com
Alternatively, print and post a signed copy to: NAO, 6 Lambton Road, Hospital Hill, Napier 4110

Fee \$40 (reduced to \$20 for renewal applications received before 30 June):

☐ Pay by direct internet banking to Account No **02-0568-0304955-00**
(Please quote ENG as a reference and last name or GNZ No.)

Last name _____	First names _____
Postal Address _____ _____	Existing Approval Nr _____ (If applicable)
	GNZ Membership Nr _____ (If not current LAME)
Phone 1 _____	Primary Gliding Club _____
Phone 2 _____	Email _____

A. Request for Approval or Upgrade of an Existing Approval (Use Section B below for 2-yearly renewal.)

Class/Material Subdivision/Rating requested _____

Details of any CAR Part 66 AME Licence held _____

Details of any other relevant experience or technical qualifications, and workshop facilities to be used
(Reference MOAP Appendix 3D for detailed requirements)

(Separately submit Tech 25 Experience Log and any other details. Note that Class 4 applicants must nominate their IA-G.)

Personal referee:

I nominate _____ as a person of standing in the aviation community
(Name)
to act as a referee for this application and hereby authorise him to provide further information.

(Contact phone number(s))

(Email address)

B. Renewal of an Existing Approval (Use Section A above instead if approval has lapsed for more than 2 years.)

Details of any relevant courses attended since last renewal:

(Also submit Tech 25 Experience Log, preferably electronically.)

C. Declaration

In submitting this form to the National Airworthiness Officer I hereby declare that all particulars shown or referred to above are, to the best of my knowledge, true and correct; I am a "fit and proper person" having regard to Sections 75 and 80 of the Civil Aviation Act; I have not had an application for an aviation document rejected or an aviation document suspended or revoked; nor have I been convicted of nor am I presently facing charges for any transport safety regulatory or criminal offence; and I am physically and mentally healthy.

Signature of Applicant (not required if submitting electronically) _____ **Date** _____

Official use only

Class/Number _____	Subd ^{vns} _____	Ratings _____	Valid to _____ (Date)
_____ (Name of Issuer)	_____ (Signature of Issuer)	_____ (Date of Issue)	