

Registration: _____

Glider type: _____

Total time in service: _____

Total launches: Aero-tow _____

If powered, total engine hours _____

Wire _____

total propeller hours _____

Self _____

Location of defect (eg Port aileron hinge.)

Description of defect § (Attach extra sheets if necessary.)

Submitted by: _____

Date: _____

Address: _____

Phone(s): _____

Email: _____

Please send to:

*Gliding New Zealand National Airworthiness Officer
6 Lambton Road
Hospital Hill
Napier 4110*

Email: jasonshields769@gmail.com

For official use only: Defect S/N: _____ NAO Comment:

§ Defect means a change in the state of or quality of an aeronautical product, or component, that makes it unfit for its intended purpose and not in an airworthy condition.