

Complete all relevant sections in BLOCK LETTERS, sign and send the completed form to the relevant ROO.

<b>Surname</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Email</b> _____	<b>First names</b> _____ <b>Date of Birth</b> _____ <i>dd/mm/yyyy</i> <b>Nationality</b> _____ <b>GNZ Number</b> _____ <b>Gliding Club</b> _____
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Gliding experience and currency

<u>Total:</u> P + P1 hours _____ Launch Nos A _____ W _____ M _____ S _____ Instructing hours (upgrades only) _____	<u>Last 12 months:</u> P + P1 + P2 hours _____ launches _____ P _____ hours _____ launches _____ P1 _____ hours _____ launches _____
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<u>Rating currently held (upgrades only):</u> <i>(Circle applicable)</i> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Category</td> <td style="width:12.5%;">A</td> <td style="width:12.5%;">B</td> <td style="width:12.5%;">C</td> <td style="width:12.5%;">D</td> </tr> <tr> <td>Launch methods</td> <td>A</td> <td>W</td> <td>M</td> <td>S</td> </tr> <tr> <td>Instructor Trainer</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Aerobatic Instructor</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> </table>	Category	A	B	C	D	Launch methods	A	W	M	S	Instructor Trainer	Yes	No			Aerobatic Instructor	Yes	No			<u>Rating applied for:</u> <i>(Circle applicable)</i> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Category</td> <td style="width:12.5%;">A</td> <td style="width:12.5%;">B</td> <td style="width:12.5%;">C</td> <td style="width:12.5%;">D</td> </tr> <tr> <td>Launch methods</td> <td>A</td> <td>W</td> <td>M</td> <td>S</td> </tr> <tr> <td>Instructor Trainer</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Aerobatic Instructor</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> </table>	Category	A	B	C	D	Launch methods	A	W	M	S	Instructor Trainer	Yes	No			Aerobatic Instructor	Yes	No		
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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** \_\_\_\_\_

I hereby certify that the applicant named above has completed the training required in accordance with the GNZ MOAP, and is proficient to exercise the privileges of the Instructor Rating applied for.

Additional Instructor Trainer comments noted on back of form if necessary Yes No *(Circle applicable)*

**Signature of Instructor Trainer** \_\_\_\_\_

**Instructor Trainer Name** \_\_\_\_\_ **Date** \_\_\_\_\_

<i>Official use only</i>			
Signature of Regional Operations Officer _____			
Regional Operations Officer Name _____		Date _____	
Rating issued <i>(Circle)</i> →	Cat	A	B
	C	D	
	Launch	A	W
		M	S
		Trainer	Aerobatics
_____	_____	_____	_____
Name of Issuer	Signature of Issuer	Date of Issue	Database updated