

GLIDING NEW ZEALAND

Form OPS 14

NOTIFICATION of ISSUE of Part 61
GLIDER TOW PILOT RATING

Complete all relevant sections in BLOCK LETTERS and send completed form to the appropriate Regional Operations Officer.

Details of Tow Pilot

Surname: Given Names:
Address:
Nationality: Date of Birth: GNZ #
Phone No:
email: Gliding Club:

Pilot Licence Information

PPL / CPL (A) Number: Medical Held; Class: Valid until:
Insert date

Pilot Experience

Total time P-I-C Aeroplane Hours: As at
Insert date

Glider Experience

Total time P-I-C Gliders Launches: Hours: As at
Insert date

Application

I hereby certify that all particulars shown in this application are, to the best of my knowledge true and correct and I know of no reason why I should not be Issued a Part 61 Glider Tow Pilot Rating.

Signature of Tow Pilot Date / /

Tow Pilot Instructor Certificate

I hereby certify that I have assessed and he/she has completed and demonstrated proficiency in the Basic Tow Pilot Training Syllabus. I also certify that I have issued a Part 61 Glider Tow Pilot Rating and have endorsed the candidate's logbook as required by Civil Aviations Rules

The completed assessment and training syllabus, is held by myself, or the Gliding Club.
(note; delete or complete to clarify where record is filed).

Signature of Tow Pilot Instructor Date / /

Print Name

Records Noted:		
.....
ROO Signature	Database updated – NOO	Date