

# NZPIA CERTIFICATE OR RATING ISSUE

**Applicant to fill in this page of the form.**

<b>Name</b>	*
-------------	---

<b>Postal Address</b>	*
<b>Suburb</b>	
<b>City</b>	
<b>Country</b>	
<b>Nationality</b>	*

( items marked \* must be filled in)

### Contact Details:

<b>Phone</b>		<b>Email</b>	
<b>Password</b>		<b>NZPIA ID No</b>	

(passwords are used for identification of candidate for either checking of details held or identification of photo by email, password is optional if card is to be issued without photo)

### Please issue card with either:

**With photo**

**Or:**

**Without photo**

### Payment details:

Cheque Made payable to NZPIA Ltd.

Bank Cheque Made payable to NZPIA Ltd.

Credit Card payment details

#### Amounts payable: (current @ 1 October 2004. incl GST)

<b>For initial issue of any certificate or rating</b>	<b>\$168.75</b>
<b>For B, C, D certificate issue for existing holders</b>	<b>\$ 56.25</b>
<b>48 Hour issue (Excluding public holidays)</b>	<b>\$337.50</b>
<b>Replacement card</b>	<b>\$ 25.00</b>

#### MasterCard or Visa details:

Card No:

Exp

Name on Card \_\_\_\_\_

#### Declaration:

I hereby declare all details on this application are correct, and I understand that to use any of the privileges of either a Parachutist Certificate or any Parachutist Rating in New Zealand I must abide by the rules of the New Zealand Parachute Industry Association Ltd and must also hold membership of the New Zealand Parachute Federation.



Signed \_\_\_\_\_  
Date \_\_\_\_\_

## NZPIA CERTIFICATE OR RATING ISSUE

**Chief Safety Officer or Instructor Examiner to fill in this page of the form:**

**Candidates Name:** \_\_\_\_\_

---

**Please circle or mark certificate and/or rating applied for:**

---

### Certificate

---

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
----------	----------	----------	----------

### Rating

---

<b>DZSO</b>	<b>JM (S/L)</b>	<b>JM (AFF)</b>	<b>JM (T)</b>
-------------	-----------------	-----------------	---------------

<b>PT</b>	<b>Instructor</b>	<b>Pilot Drop Rating</b>	
-----------	-------------------	--------------------------	--

### Tandem Type Ratings

---

<b>Vector</b>	<b>Next</b>	<b>Sigma</b>	<b>Atom</b>
<b>Eclipse</b>	<b>Strong</b>	<b>Racer</b>	<b>Omega</b>

---

**Declaration by Instructor Examiner or CSO.**

**I hereby declare that the above candidate has met all the requirements of the certificate or rating applied for excluding the fit and proper person requirement which is forwarded with this application as listed in the NZPIA Certification and Quality Assurance Manual.**

**Signature of CSO/ Instructor Examiner**

\_\_\_\_\_

**Date of application** \_\_\_\_\_

**Printed name of CSO/IE** \_\_\_\_\_



**New Zealand Parachute Industry Association Ltd**

P O Box 509

Rotorua

Ph 07 345 7173

Fax 07 345 7194

Email [nzpia@xtra.co.nz](mailto:nzpia@xtra.co.nz)