



DROP ZONE SAFETY OFFICER RATING APPLICATION FORM

Section 1: Applicant's Details *(Applicant to complete this section)*

First & Middle Names		Last Name	
Physical Address <i>(PO boxes not accepted)</i>			
Country <i>(if other than NZ)</i>			
Postal Address <i>(if different from above), including suburb, city & post code</i>			
E-mail			
Phone No.		Date of Birth	dd/mm/yy
NZPIA ID No.		First Aid Certificate Expiry Date	dd/mm/yy

*(fields marked * are mandatory)*

Section 2: DZSO Rating Checklist *(CSO to complete this section)*

The candidate's identification confirms the name and date of birth stated above	<input type="checkbox"/>
Holds an NZPIA 'C' Parachutist Certificate or above	<input type="checkbox"/>
Has been in the sport/industry for at least 18 months	<input type="checkbox"/>
Holds a valid First Aid certificate	<input type="checkbox"/>
Has passed the NZPIA DZSO exam	<input type="checkbox"/>

* Full details of DZSO Rating requirements are listed in the NZPIA Documents, Standards and Procedures Manual.

Declaration by the Applicant

I hereby declare all details on this application are true and correct, and

I understand that to use any of the privileges of a NZPIA Parachutist Certificate or Rating in New Zealand I must comply with the NZPIA's standards and operational procedures.

Signed by the Applicant _____

Date _____

Declaration by the CSO

I hereby declare that the above information is true and correct to the best of my knowledge; and that I am appropriately qualified and current to make this assessment; and that the assessment was carried out in accordance with the all applicable NZPIA standards and procedures -

Signed by the Assessor _____

Name of Assessor _____

The provision of false information or failure to disclose information relevant to the grant or holding of an NZPIA document is subject to suspension or revocation of the document.