

**NZPO-01** page 1

**CERTIFICATE/RATING APPLICATION**

Please Complete All Sections & print clearly In English

<b>Applicant Full Name</b>			
<b>Date of Birth</b>			
<b>Postal Address</b>			
<b>Suburb</b>			
<b>City</b>			
<b>Country</b>		<b>Full Nationality</b>	
<b>Email</b>			

**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 NZPO.

Applicant Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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**CERTIFICATE/RATING APPLICATION (cont)**

(CSO, I/A or Examiner to fill in this part of the form)  
Please Complete All Sections & print clearly In English.

**Candidate's Full Name:** \_\_\_\_\_

(Please circle or mark certificate and/or rating(s) applied for)

<b>Certificate A</b>	<b>B</b>	<b>C</b>	<b>D</b>
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**Rating/Appointment**

<b>DZSO</b>	<b>INST (AFF) B / C Please Circle One</b>	<b>INST (S/L) B / C Please Circle One</b>	<b>INST (Tandem) B / C Please Circle One</b>	<b>PT</b>	<b>Drop Pilot</b>
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**Tandem Equipment Type Rating:** \_\_\_\_\_

Declaration by CSO, I/A or Examiner:

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 NZPO exposition.

Note: Examinations passed must be forwarded to CEO NZPO before any rating can be issued to the applicant.

Signature of CSO, I/A or Examiner. \_\_\_\_\_

Printed name of CSO, I/A or Examiner \_\_\_\_\_

Date of application            \_\_\_/\_\_\_/20\_\_\_

When this has been completed please Email to [tonyh@xtra.co.nz](mailto:tonyh@xtra.co.nz) and forward original copies to:  
**45 Huia Road,  
Papatoetoe,  
Auckland 2025.**