

APPLICATION FOR AMATEUR CERTIFICATE OF COMPETENCY AND RADIO CALLSIGN

Return to: **NZART****PO Box 40-525****Upper Hutt 5140**

Please submit the following documentation along with your application:

- **Proof of identity - birth certificate or passport;**
- **Original (where possible) documents as evidence of your current qualifications or photocopies**
- **One passport sized photograph or equivalent (or JPG file)**
- **Resident Visa (if birthplace is outside of New Zealand)**
- Mandatory fields marked with an asterisk * must be completed.
- Incomplete application forms may be returned to the applicant.

A CLIENT TYPE

N Z General Amateur Operator Certificate
Complete sections B, C, D & G & H

Amateur Club Application
Complete sections E, F, G, & H

B APPLICANT DETAILS

Are You An Existing RSM Client? NO YES Client No. _____

* ERN Number _____

* Exam Security Code _____ NZART Membership No. _____

* First names: _____ * Last name: _____

* Number and Street: _____

* Suburb: _____ *Town/City: _____ *Postcode: _____

* Private Phone: _____ Business Phone: _____ Mobile Phone: _____

Fax Number: _____ *E-mail address _____

Postal Address:

*PO Box Number: _____ *Suburb: _____

*Town/City: _____ *Postcode: _____

C PERSONAL DETAILS

Country of Birth: _____ Place of Birth: _____

Date of Birth: _____ Height (m) _____

Complexion: _____ Colour of eyes: _____ Colour of hair: _____

D AMATEUR OPERATOR CALLSIGN

NOTE: Persons applying for an amateur operators callsign are required to hold a Certificate of Competency. If you are applying for an amateur callsign for the first time, original certificates and exam notifications must be supplied with this application. A passport size photograph **MUST** be supplied for inclusion on the certificate.

Callsign preference: 1. ZL _____ 2. ZL _____ 3. ZL _____

(Please indicate choice of 3 call signs in preferential order. You may choose a two or more letters suffix)

Place of examination (for first time applicants only)

E AMATEUR CLUB DETAILS

Is the Club Already an Existing RSM Client? YES Client No. _____ NO

Club Contact Details

* Name of Club: _____ * NZART Branch No: _____

* Club Postal Address:

*Number and Street: _____ * Suburb: _____

*City: _____ * Postal Code: _____

* E-mail Address: _____

Club Secretary Name: _____ Callsign: _____

Address: _____ Suburb: _____ City: _____

Phone No: _____ Mobile No: _____ E-mail Address _____

F AMATEUR CLUB CALLSIGN

Persons applying for an amateur club callsign must be a club trustee and hold a current New Zealand General Amateur Operator Certificate of Competency.

Callsign preference: 1. ZL _____ 2. ZL _____ 3. ZL _____

(Please indicate choice of 3 call signs in preferential order. You may choose a two or more letters suffix)

Do you know if any callsign you quote has been held by any other operator at any time in the past 12 months?

 Trustee Name: _____ Callsign _____

Trustee Certificate Number: _____

Trustee Client ID: _____

G DECLARATION

I hereby agree to observe all requirements and conditions of the Radiocommunications Regulations 2001 as determined for this type of Certificate.

I hereby certify that the information given herein is true and correct in every way.

Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

H FEES FOR CERTIFICATE OF COMPETENCY AND AMATEUR CALLSIGN

New or Lapsed Callsign	\$95 *	Credit Card: VISA <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Other <input type="checkbox"/>
Secondary Callsign	\$50	No. <input style="width: 300px; height: 20px; border: 1px solid black;" type="text"/>		
Special Event Callsign	\$50			
Change of Callsign	\$50			
Replacement of Certificate	\$25			
		Name On Card _____	Exp Date __ / __	

Fees may be paid by Cheque, Credit Card or Direct Credit to NZART

NZART Account Number **BNZ 02 0772 0209760 00** NZART Membership Application Form

*(Receive one year free membership to NZART.) This applies only to non members. Please complete new member application form.