

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 size photograph***
- 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. _____

Title: Mr Mrs Miss Ms Doctor (*Circle one*) 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)

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

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. <table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td></tr></table>			-	-	-
-	-				-		
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 use application form.