



## Application Form

# Examination Supervisor

Pursuant to the NZART Policy on Examination Supervisors (2009) and Amendments

*(Available on the NZART Web Page, from any member of NZART Council, and NZART HQ)*

This form is to be completed by all candidates seeking accreditation as Examination Supervisors for the NZART Theory and Regulations Examination. This application **MUST** be accompanied by a supporting letter from the Branch President (or Branch Secretary, if the President seeks nomination), one other referee supporting the application and a copy of the minutes of the Branch Meeting that nominated the applicant for the position.

This form and the required documentation should be mailed to:

The NZART Examinations Co-ordinator  
C/- PO Box 40 525  
Upper Hutt 5140

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I hereby apply for accreditation as an Examination Supervisor for the NZART Regulations and Theory Examination.

Applicants full name (Underline family name): .....

Applicants signature: ..... NZART Branch number: .....

Date: .... / .... / 20....

Residential Address: .....

.....

..... Postcode: .....

Gender (M/F): ..... Date of Birth: .... / .... / ..... Callsign: ..... Years Licensed: .....

Phone Numbers: Home: (0....) ..... Business: (0....) .....

Mobile: (0.....) .....

E-Mail Address (if applicable): .....@.....

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I support this nomination. I verify to the best of my knowledge that the applicant is a person of the highest integrity, a member of NZART, and that the information given is true in every particular.

1. Branch Official's full name (underline family name): .....

Branch Officials signature: ..... Position held in Branch: .....

Date: .... / .... / 20....

2. Branch Official's full name (underline family name): .....

Branch Officials signature: ..... Position held in Branch: .....

Date: ...../...../20.....

**For Official Use Only:**

Date application received by NZART Examinations Coordinator: ...../...../20.....

Decision:            Application **accepted** **rejected** (Circle decision made)

Date of applicant's appointment (if accepted) : ...../...../20.....