

Appendix One:



Examination Supervisor Application Form

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

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:

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):@.....

(please print clearly as this will be placed on the NZART website under your applicable branch)

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:

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

Branch Officials signature:

Position held in Branch:

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.....