Application Form

Examination Supervisor

Pursuant to the NZART Policy on Examination Supervisors and Amendments

NZART Examination Supervisor Application Form
This application form is to be completed by all candidates applying to become an accredited Examination Supervisor for the NZART Theory and Regulations Examination.
Your application **must** include:

- A letter of support from your Branch President (or the Branch Secretary if the President is the applicant).
- A letter of support from one additional referee.
- A copy of the Branch meeting minutes confirming that the branch has nominated you for the position.

Examination Supervisors are appointed only through the branch that nominates them. If a supervisor later transfers to another branch, their accreditation does not automatically transfer. However, they may assist another branch with examinations on an occasional basis.
Please email this completed application form, together with all supporting documentation, to nzart@nzart.org.nz.

Application for Accreditation as an Examination Supervisor

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

NZART Branch Number: _____
Date: _____ / _____ / 20____
Applicant Details
First Name: _____
Surname: _____
Residential Address:

Postcode: _____
Gender: _____
Date of Birth: _____ / _____ / _____
Callsign: _____
Years Licensed: _____
Mobile: (0_____) _____
Email Address: _____

Applicant Declaration
I, _____, confirm that I have read the NZART

Examination Procedures available on the NZART website. If appointed as an Examination Supervisor, I agree to carry out my duties in accordance with those procedures to the best of my ability.

Applicant's Signature: _____

Date: _____ / _____ / 20____

Branch Endorsement

I support this application and confirm, to the best of my knowledge, that the applicant:

- is a current member of NZART;
- is a person of good character and integrity; and
- has provided information that is true and correct.

Branch Official's Name (please underline surname):
Position Held: _____
Signature: _____
Date: _____ / _____ / 20____

Additional Referee

I support this application and believe the applicant is suitable to be appointed as an NZART Examination Supervisor.

Referee's Name (please underline surname):
Relationship to Applicant: _____
Signature: _____
Date: _____ / _____ / 20____
