

Signed:

Applicant

s Signature: \_\_\_\_\_

A	CHIEVEMEN	I AWARD FOR I	HOURS	LOGGE	D - APPI	LICATIO	N FORM	
Eligibility:	An applicant for this award must have been a financial member of the Association for a minimum of <b>two (2) years</b> at the time of application.							
Logbook:	A photocopy of the last two pages of the applicant logbook must accompany this application; this must clearly show certified flight time totals. The logbook copy and this form must be signed by the applicant CFI or employer, or an approved Flight Testing Officer as verification. This form must also be signed by the applicant.  The NZ Association of Women in Aviation reserves the right to view the applicant original logbook.  The Secretary, NZ Association of Women in Aviation Inc. at the following address:  Postal Address: PO Box 10-262, The Terrace, Wellington.  E-mail: contactus@nzawa.org.nz  The definition of logbook hours or parachute jumps recorded on this application is that defined by NZ Civil Aviation Regulations and Rules. The hours/jumps recognised for this award include both dual and solo.							
Right to Review:								
Apply to:								
Definitions:								
APPLICAN	T DETAILS							
Surname:								
								-
First names:								-
Address:								-
Phone Numb	pers:							-
Date Joined I	NZ Association	of Women in Aviat	tion Inc (	formally 1	NZ Airw	omenøs As	ssociation Inc)	:
Type of Licence(s) Held: (please circle)		Fixed Wing Rotary Wing Glider Parachutist Microlight Balloon	SPL SPL	PPL PPL	CPL CPL	ATPL ATPL		
My total hou	rs (of fixed/rota	ry wing, glider) as a	atí í í	íííí	(date) are	e:		
My total hou	rs (of microligh	t, balloon) as at í í	í í í	í í(da	ite) are:			
My total jum	ps as atíííí	í í í í (date) a	are:					
		eviewed this application form and attached				y that she l	nas completed	the total
Name:					CFI / H	Employer /	Approved Te	sting
Officer			· · ·			• •		-