

# 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 – MANDATORY if overseas applicant**
  - **If previous call sign has lapsed, a copy of your original qualifications is required.**
  - **One passport sized photograph or equivalent (or JPG file) - MANDATORY**
  - **Resident Visa (if birthplace is outside of New Zealand) – MANDATORY**
- A Primary & Secondary call sign may be applied for at the same time at no extra cost**

**Applications may be sent electronically to [nzart@nzart.org.nz](mailto:nzart@nzart.org.nz). Incomplete forms will be returned.**

### 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 if applicable: \_\_\_\_\_

\* ERN Number \_\_\_\_\_ only for new amateurs

\* Exam Security Code \_\_\_\_\_ only for new amateurs

\* 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, a copy of 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 letter suffix for your call sign )

**Place of examination (for first time applicants only)**

**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 \*

Secondary Callsign \$50

Special Event Callsign \$50

Change of Callsign \$50

Replacement of Certificate \$25

Credit Card: VISA  Mastercard  Other No. 

Name On Card \_\_\_\_\_ Exp Date \_\_ / \_\_

Fees may be paid by Credit Card or Direct Credit to NZART

CVV # \_\_\_\_\_

NZART Account Number BNZ 02 0772 0209760 00

\*(Receive one year free membership to NZART.) This applies to new amateurs and non-members only. Must advise preferred branch to be affiliated to