

Aviation Industry Association of NZ (Inc)
PO Box 2096
Wellington 6140

t: +61 4 4722707

f: +61 4 4711314

e: admin1@aia.org.nz

MEMBER CODE

SAFETY RECOGNITION AWARD RENEWAL APPLICATION

I/We: _____ being a member of the Aviation Industry Association, hereby apply for renewal of a PLATINUM GOLD SILVER BRONZE (*tick the box next to the level of award being renewed*) Safety Recognition Award. (Annual Renewal Subscription - \$50)

Name to appear on Award (*if different from initial issue please advise reason*)

Physical Address: (If different from initial application)

Street: _____

Suburb/City: _____ Postcode: _____

Postal Address: (If different from initial application)

PO Box/Street: _____

Suburb/City: _____ Postcode: _____

Website: www. _____

Primary Contact: (If different from initial application)

Name: _____ Designation: _____

DDI: _____ Mobile: _____

Email: _____

Secondary Contact: (If different from initial application)

Name: _____ Designation: _____

DDI: _____ Mobile: _____

Email: _____

Removal of Award

The award remains the property of the AIA and shall become invalid and be returned to the AIA if any of the following occurs:

- The terms and conditions upon which the award has been issued are no longer valid
- The individual/organisation or operator is no longer engaged in the operation for which the award was issued, or the licence has lapsed or been withdrawn
- The safety performance criteria is no longer valid
- Information submitted, upon which the award was issued, is proven to be incorrect or invalid

Where a subscription is not paid within three months of renewal the safety recognition award will be removed and the process of application for an award must be recommenced by the applicant after full payment of the subscription amount has been received.

I/We: _____ hereby confirm that I/we have not been involved in any accidents resulting in serious injury to self, crew or passengers that would impact on the continued issuance of this award within the last 12 months.

Signed: _____ Name of signatory: _____

Date: _____