



SAC client transition declaration and acceptance

Name:			
SAC client number:		RAANZ member number (if held):	
Postal/email address:			
Certificate and ratings held:			
Part 103 flight hours:			
Declaration:	<ul style="list-style-type: none">• I declare that the information provided above is true and accurate.• I understand and accept the arrangements for SAC clients transitioning into the RAANZ system, and agree to abide by the requirements as set out in the RAANZ Exposition and applicable CAA rules.		
Signed:			
Date:			

Please sign and date this form and post or scan/email to:
RAANZ, Freepost 102829, PO Box 15016, Hamilton 3240

admin@raanz.org.nz

Retain a copy for your records.

You will be notified on receipt of this declaration.

You may not exercise your flight privileges until you have received notification from RAANZ.

RAANZ acceptance:	
Date:	