

## United Fire Brigades' Association of New Zealand

PO Box 56079, Tawa, Wellington 5249

P. (04) 237 0265 F. (04) 237 2680

E. tearo@ufba.org.nz W. www.ufba.org.nz

## **3 YEAR CERTIFICATE APPLICATION FORM**

We, the Chief Fire Officer and Brigade Secretary, of the.....

	certify that the under-m ificate, in accordance wit			s(s) is/ are entitled to	
Chief Fire Officer/ OIC:	Name:		Signature:		
Secretary:	Name:		Signature:		
Address: (for Delivery)	Street:				
	City:		Post Code:		
Date of Presentation:			Purchase number (if applicable):		
Contact Person:	Name:		Phone:		
	Email:				
Presenter:					
Name of Recipient Join Date Completion Date					
Name o	i kecipient	Join	Date	Completion Date	
		_			
Application must reach the UFBA Office <b>1 month</b> prior to the presentation date.					

Thank You

## **UFBA Regulation**

**3.11** The Association shall, after checking and approving applications, grant to Enrolled Members:

**3.11.1** A Certificate for three years' service

OFFICE USE ONLY			
Invoice			
Payment			
Order Finalised			
Presenter Confirmed			
Certificate/s sent			