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

40 YEAR CERTIFICATE APPLICATION FORM

We, the Chief Fire Officer and Brigade Secretary, of the…….....
Fire Brigade hereby certify that the under-mentioned brigade member(s) is/ are entitled to receive a 40 Year Certificate, in accordance with the Rules of the Association.

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

Application must reach the UFBA Office **1 month** prior to the presentation date.
Thank You

OFFICE USE ONLY	
Invoice	
Payment	
Order Finalised	
Presenter Confirmed	