United Fire Brigades' Association of New Zealand
PO Box 56079, Tawa, Wellington 5249
P. (04) 237 0265 **Freephone.** (0508) 832269
E. servicehonours@ufba.org.nz **W.** www.ufba.org.nz

60-YEAR CERTIFICATE APPLICATION FORM

We, the Chief Fire Officer and 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/date:**
Secretary:	**Name:**	**Signature/date:**
Delivery Address:	**Street:**	
	City:	**Post Code:**
Contact Person:	**Name:**	**Phone:**
	Email:	
Date of Presentation:		**Purchase Number (if applicable):**
Billing address if different to above		

Name of Recipient	Join Date	Completion Date

Please check spelling/ask if recipient wants full name/middle name on certificate.

Send application to ServiceHonours@ufba.org.nz **6 weeks** prior to the presentation date.