



"The Sign of a Professional"

## APPLICATION FOR SPECIALISED LOAD PILOT MEMBERSHIP

I/WE \_\_\_\_\_ of \_\_\_\_\_  
 (Full name of individual, partners or company)

do hereby apply to become a Specialised Load Pilot member of the New Zealand Heavy Haulage Association Incorporated and I/We undertake to be bound by the Constitution and Rules of the said Association and pay the annual subscription fee and levies for membership thereof.

### (A) APPLICANT DETAILS

COMPANY/ORGANISATION NAME

TRADING NAME

POSTAL ADDRESS

BOX NO

SUBURB

CITY

PHYSICAL ADDRESS FROM WHERE BUSINESS IS TO BE OPERATED

DAYTIME TELEPHONE NUMBER(S)

FAX NO

MOBILE TELEPHONE NUMBER(S)

EMAIL ADDRESS

WEB ADDRESS

### (B) MANAGEMENT

List the names of the people to be responsible for the management and/or control of the operation.  
 (Position, eg: Owner, Director, Pilot, etc.)

FULL NAME

POSITION

PILOT CLASS 1 / 2

PILOT NUMBER

FULL NAME

POSITION

PILOT CLASS 1 / 2

PILOT NUMBER

FULL NAME

POSITION

PILOT CLASS 1 / 2

PILOT NUMBER

FULL NAME

POSITION

PILOT CLASS 1 / 2

PILOT NUMBER

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**(C) INDUSTRY REFERENCES**

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Please provide details of any transport companies or other organisations that you have provided load pilot services to, or other people that could be contacted about your application.

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**(D) STATEMENT**

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I \_\_\_\_\_ of \_\_\_\_\_

solemnly and sincerely declare that all the information contained within this application form is true and correct.

**Signature of Applicant:** \_\_\_\_\_

**Declared at** \_\_\_\_\_ **this** \_\_\_\_\_ **day** \_\_\_\_\_ **20** \_\_\_\_\_

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**Please return this Application Form to:**

The Chief Executive  
NZ Heavy Haulage Association Inc  
PO Box 3873  
Wellington 6140

Fax: 04 472 0367

Email: [info@hha.org.nz](mailto:info@hha.org.nz)