




<p>Form valid for registration of gliders/sailplanes, powered sailplanes, power-assisted sailplanes</p> <p>Please read the Form 1399 Guidelines for instructions on completing and submitting this form, including identification of mandatory fields and sections.</p> <p>Use this form to apply for a replacement certificate of registration under Regulation 11.115 of the Civil Aviation Safety Regulation 1998 (CASR) for an aircraft that is already VH registered.</p> <p>DO NOT SEND THIS FORM TO CASA!</p>	<p>Registration administered by the Gliding Federation of Australia Inc. on behalf of the Civil Aviation Safety Authority</p>	
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1. Registration Details (As noted on the aircraft data plate and the certificate of registration)

Registration Mark: VH- <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Manufacturer
Model	Serial Number

2. Name and Details of Registration Holder

Legal Name	ACN/ARBN (if organisation)
ARN (if known) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Phone (mobile preferred)
GFA member number _____	
Email	

3. Reason for Replacement

The current certificate of registration has been:

- Lost, stolen or destroyed
- Damaged and is no longer legible

4. Signature of Registration Holder (named in **Section 2**, or the registration holder's authorised representative)

I, the registration holder, or the representative of the registration holder named in Section 2 declare that the Guidelines have been read, understood and accepted

Name: _____ Signature: _____ Date: / /

An authority must be provided if the individual named in Section 2 has not signed **or** the signatory for the organisation named in Section 2 cannot tick the relevant box below. See guidelines.

- Director Company Secretary CEO President Vice President **authority attached**

Payment Authorisation

Applicant Details

Individual's or Organisation's Full Name:	GFA member number:
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Application Fees

Payment of the transfer fee is required before the transfer can be processed. Payment may be made by direct deposit to the GFA bank account, by credit card, by online payment or by cheque. Details of GFA account and transfer fees can be obtained from the GFA website .	
Total Cost:	\$ _____

Payment Options– all payment options below can be made via www.glidingaustralia.org

Or

I have enclosed a Cheque or Australian Money Order (**please make cheques payable to GFA**)

I have deposited the transfer fee into **GFA Bank Account, BSB: 013-442, Account: 3047 29562**

NOTE: If paying by direct deposit please include your VH mark or name in the description field.

I am paying by credit card at www.glidingaustralia.org

Attach this Payment Authorisation Form (and Cheque / Money Order, if applicable) to the Application Form with any other required documentation.

How do I submit my application?

Fax to: (03) 9359 9865 (+61 3 9359 9865 from outside Australia)

Email to: returns@glidingaustralia.org.

Mail to: The Gliding Federation of Australia Inc
C4/1-13 The Gateway,
Broadmeadows VIC 3047

Preferred options if provision of cheque/money order not required

GFA Use Only

Receipt Details:	Date Payment Received: ____ / ____ / 20____	Invoice Number:	Initials:
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