

APPLICATION FOR ATP OR COMMERCIAL PILOT SAFETY AWARD

CHECK HIGHEST LEVEL FOR WHICH YOU QUALIFY:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 1,500 Hour Award | <input type="checkbox"/> 5,500 Hour Award | <input type="checkbox"/> 10,000 Hour Award | <input type="checkbox"/> Each Additional 1,000 Hours
Note: Certificates are given at 1,000-hour increments after 12,000 hours. In addition, tackettes are awarded at 15,000, 20,000 and 25,000 hours. |
| <input type="checkbox"/> 2,500 Hour Award | <input type="checkbox"/> 6,500 Hour Award | <input type="checkbox"/> 11,000 Hour Award | |
| <input type="checkbox"/> 3,500 Hour Award | <input type="checkbox"/> 7,500 Hour Award | <input type="checkbox"/> 12,000 Hour Award | |
| <input type="checkbox"/> 4,500 Hour Award | <input type="checkbox"/> 8,500 Hour Award | <input type="checkbox"/> Retiring | |
| | | | |

The NBAA ATP or Commerical Pilot Safety Award is presented to Member Company pilots with ATP or commercial pilot licenses who have flown business aircraft at least 1,500 consecutive hours without an accident involving personal injury to passengers, ground personnel and/or crew, or substantial aircraft damage. **Note: First-time applicants must provide substantiating data on the next page.**

- Applicant's name _____
- Employed by _____ Member number _____
(Member Company name)
- Have you previously received an NBAA award?* (a) No Yes If yes, last year received _____
(b) Total hours applied toward the last NBAA award _____
(includes applicable hours only)
- Have you had an accident while acting as pilot in command of a business aircraft? No Yes
If yes, date of accident _____
If accident has not been reported previously to NBAA, describe nature of accident (location, circumstances, damages, etc.)

(See General Rule #6 for exceptions.)

HOURS

- List hours since last award _____
- List total from 3(b) above, or for first-time applicants, use total from next page _____
- Total hours (line 5 plus line 6) _____

Application Verification: I certify that the information on this application is correct:

(Signature of applicant) (Date)

(Signature of NBAA Member Company Representative or designated alternate representative) (Date)



Return to: NBAA Flying Safety Awards
1200 G Street NW, Suite 1100
Washington, DC 20005
Fax: (202) 331-8364

