

# APPLICATION FOR MAINTENANCE/AVIONICS TECHNICIAN SAFETY AWARD

## CHECK HIGHEST LEVEL FOR WHICH YOU QUALIFY:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 3 Year Award  | <input type="checkbox"/> 18 Year Award | <input type="checkbox"/> 33 Year Award | <input type="checkbox"/> 45 Year Award |
| <input type="checkbox"/> 6 Year Award  | <input type="checkbox"/> 21 Year Award | <input type="checkbox"/> 35 Year Award | <input type="checkbox"/> 50 Year Award |
| <input type="checkbox"/> 9 Year Award  | <input type="checkbox"/> 24 Year Award | <input type="checkbox"/> 38 Year Award | <input type="checkbox"/> Retiring      |
| <input type="checkbox"/> 12 Year Award | <input type="checkbox"/> 27 Year Award | <input type="checkbox"/> 40 Year Award |  |
| <input type="checkbox"/> 15 Year Award | <input type="checkbox"/> 30 Year Award | <input type="checkbox"/> 43 Year Award |  |

The NBAA Maintenance/Avionics Technician Safety Award is presented to maintenance/avionics technicians employed for three or more consecutive years by Member Companies primarily for support of corporate/business flight operations and who have caused no aircraft accidents during their employment period. **Note: First-time applicants must provide substantiating data on the next page.**

1. Individual applicant's name \_\_\_\_\_

2. Employed by \_\_\_\_\_ Member number \_\_\_\_\_  
(Member Company name)

3. Have you previously received an NBAA award?\* (a)  No  Yes If yes, last year received \_\_\_\_\_  
(b) Total years applied toward the last NBAA award \_\_\_\_\_  
(includes applicable years only)

4. Has your company ever had an accident?  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.)

5. List type(s) of license(s) IA \_\_\_\_\_; A&P \_\_\_\_\_; A \_\_\_\_\_; P \_\_\_\_\_; Avionics \_\_\_\_\_

6. List total accident-free years of employment in support of corporate/business aviation \_\_\_\_\_  
(Include applicable years only. First-time applicants should list years on next page.)

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

# Substantiating Data for Maintenance/Avionics Technician Safety Award

This page of the application should be filled out by first-time applicants only.  
If more than six months, round to whole year.

<b>DATES OF EMPLOYMENT</b>	<b>ACCIDENT-FREE YEARS</b>	<b>EMPLOYER</b> (Company Name)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL YEARS** (insert on line 6 of previous page) \_\_\_\_\_