

# APPLICATION FOR 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<br>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 Pilot Safety Award is presented to Member Company pilots 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) \_\_\_\_\_

I certify that the information on this application is correct:

\_\_\_\_\_  
(Signature of applicant) (Date)

\_\_\_\_\_  
(Signature of NBAA Member Company Representative or company officer) (Date)



Return to: NBAA Flying Safety Awards  
1200 18th Street NW, Suite 400  
Washington, DC 20036

