

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.**

- Individual 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 years applied toward the last NBAA award _____
(includes applicable years 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.)
- List type(s) of license(s) IA _____; A&P _____; A _____; P _____; Avionics _____
- 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.)

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

