

SSA Award Application

Submit by mail to: SSA, PO Box 2100 Hobbs, NM 88241

Attn: Badge Claims

For any flight documented by approved data recorder, please attach both pages of a completed SSA Badge & Record Worksheet.

(a) Pilot:		Date of Birt	:h:	SSA Member #:		
(b) Address:		City:		State: Zip):	
(c) E-mail:						
II. PILOT CERTIFICATION: compliance with all the glider regulations respecting airspan	manufacturer's a	nd national opera	ting limitations, and i	n accordance with nat	-	
Pilot Signature:		Date:				
Altitude Claim(s):	Silver	Gold	Diamond	Symons Wave (\$	40 fee applies)	
Duration Claim:	Silver/Gold	Silver/Gold				
Distance Claim(s):	Silver	Gold	Diamond Goal	Diamond Distanc	re	
Diplome Claim:	750 km	1000 km	1250 km	Other Diplome: _	km	
Other Awards	Barringer Trophy		Century Award (Pilot age 20 or younger)			
*See program rules	am rules *State Record(s)		*SSA Distance Award (\$10 fee applies)			
II. FLIGHT DATA SUMMAR	<u>Y</u>					
(a) Flight Date:	Is the air		raft a motor glider?	YES	NO	
b) Aircraft Make & Model:			N#:			
c) Take Off Site:			_ State:	Elevation:	MSL	
d) Time of release (or last	motor glider Me	ans of Propulsio	n use), Local time: _			
(e) Landing Site:			State:	Elevation:	MSL	
(f) Landing time (end of the	e ground roll), L	ocal time:				
V. OBSERVER CERTIFICATION	ON: Check ONE	and complete:				
GPS data supports t			vision of this flight	as required by Sport	ting Codo	
1 1	• •		ord Worksheet I com		ling Code	
This application is for	or Silver Duratio	n only and I prov	vided the continual	attention required to	o confirm	
5 hours were flown				·		
OBSERVER'S NAME (please	e print)		SSA I	MEMBER #:		
SIGNATURE:			F-MAII ·			
Office Use Only			L-IVIAIL.			
·						
Hold Date Approval [Date By	Letter Date	Soaring Pub	Denial Date SC	nial Date SC3 Reason	