SSA Award Application

Submit one form per flight and send by mail to:
SSA, PO Box 2100
Hobbs, NM 88241
Attn: Badge Claims

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

I. PILOT INFORMATION: *non-members please enclose $20 fee for processing FAI badge claims*

(a) Pilot: _____ Date of Birth: _____ SSA Member #: _____

(b) Address: _____ City: _____ State: _____ Zip: _____

(c) E-mail: _____ NAC e-mail, if not SSA: _____

II. PILOT CERTIFICATION: *I hereby certify this flight was conducted in accordance with the FAI Sporting Code, in compliance with all the glider manufacturer's and national operating limitations, and in accordance with national flight regulations respecting airspace use, night flight, etc. I apply for the award(s) (circled) below.*

Pilot Signature: _____ **Date:** _____

Altitude Claim(s):	*Silver*	*Gold*	*Diamond*	*Symons Wave ($40 fee applies)*
Duration Claim:	*Silver/Gold*			
Distance Claim(s):	*Silver*	*Gold*	*Diamond Goal*	*Diamond Distance*
Diplome Claim:	*750 km*	*1000 km*	*1250 km*	*Other Diplome: _____km*
Other Awards	*Barringer Trophy*		*Century Award (Pilot age 20 or younger)*	
	**State Record(s)*		**SSA Distance Award ($10 fee applies)*	

* *See program rules; attach required form*

III. FLIGHT DATA SUMMARY

(a) Flight Date: _____ Is the aircraft a motorglider? *Circle One* Yes No

(b) Take Off Site: _____ City: _____ State: _____

(c) Time of release (or last motor glider Means of Propulsion use), Local time: _____

(d) Landing Site: _____ City: _____ State: _____

IV. OBSERVER CERTIFICATION: *Check ONE and complete:*

☐ Barograph and/or GPS data supports this application; I provided supervision of this flight as required by Sporting Code Section 3, and have attached the SSA Badge & Record Worksheet I completed.

☐ This application is for Silver/Gold Duration only and I provided the continual attention required to confirm 5 hours were flown, with Loss of Height less than 3280' from release to landing.

OBSERVER'S NAME *(please print)*_____ **SSA MEMBER #:** _____

SIGNATURE: _____ **E-MAIL:** _____

Office Use Only

Hold Date	Approval Date	By	Letter Date	Soaring Pub	Denial Date	SC3 Reason
_____	_____	_____	_____	_____	_____	_____