



# 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.**

**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: \_\_\_\_\_

**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) checked 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)
- \*See program rules              \*State Record(s)              \*SSA Distance Award (\$10 fee applies)*

**III. FLIGHT DATA SUMMARY**

(a) Flight Date: \_\_\_\_\_ Is the aircraft 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 Means of Propulsion use), Local time: \_\_\_\_\_  
(e) Landing Site: \_\_\_\_\_ State: \_\_\_\_\_ Elevation: \_\_\_\_\_ MSL  
(f) Landing time (end of the ground roll), Local time: \_\_\_\_\_

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

- 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 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