

SSA STATE SOARING RECORD APPLICATION FORM RS-2

Notify the State Record Keeper in writing within 10 days of the flight. Submit the following within 45 days of the flight: (1) completed SSA Form RS-2, (2) flight documents including Barogram, Film, Flight Declaration or GPS disk if used; (3) for Motorgliders, SSA Form D, Motorglider MoP Certification.

RECORD CLASS(es): State the Record Class or use Class letters to indicate Class(es) REFER TO STATE RECORD RULES FOR CLASSES.

SPORTS CLASS CLAIMS: For Sports Class, indicate both Actual and Handicapped performance.
 No water ballast was used for this flight _____ (OO initials) CDH Handicap used: _____

Distance Claims

<u>Class(es)</u>	<u>Record Type</u>	<u>Performance in miles Actual / Handicapped</u>
_____	(Free)Straight Distance	_____ / _____
_____	Free O&R Distance	_____ / _____
_____	Free 3T.P. Distance	_____ / _____
_____	Straight Distance to a Goal	_____ / _____
_____	Out & Return Distance	_____ / _____
_____	Distance Around a Triangle	_____ / _____

Speed Claims

<u>Class(es)</u>	<u>Record Type</u>	<u>Performance in MPH Actual / handicapped</u>
_____	Triangle _____ km	_____ / _____
_____	O & R _____ km	_____ / _____

Start Time: _____ Finish Time: _____ Elapsed Time: _____

Altitude Claims (Unavailable in Sports Class)

<u>Class(es)</u>	<u>Record Type</u>	<u>Performance in Feet</u>
_____	Absolute Altitude	_____ MSL
_____	Altitude Gain	_____ FT
High Point _____ MSL	Low Point _____ MSL	

APPLICANT INFORMATION: Please print or type

SSA Membership Number: _____

Pilot Name: _____ DOB: _____ (Circle) M F

Street Address: _____ City: _____ State: _____ Zip: _____

If this is a multiplace claim, passenger/flight crew member information:

Name: _____ DOB: _____ (Circle) M F

Aircraft Make & Model: _____ N Number _____

Type of GNSS/Barograph used: _____ Serial No. _____ Calibration Date: _____

Date of Flight: _____ Location of Take-off: _____

Start Point location & State of Claim: _____

TOWPILOT CERTIFICATION: (For Distance and Speed Flights)

I certify that the release was made at: Lat. _____ Long. _____

Print Name of Towpilot: _____ Signature of Towpilot: _____

LANDING WITNESSES: (Unless landing witness is the Official Observer)

I certify that I observed the pilot and sailplane

At (place) _____

On (date) _____

Signature _____

Address _____

City, State, Zip _____

I certify that I observed the pilot and sailplane

At (place) _____

On (date) _____

Signature _____

Address _____

City, State, Zip _____

Signature of Pilot: _____ Date: _____

Signature of Official Observer: _____ Date: _____

Printed Name of Official Observer _____ SSA Membership Number _____