



2018 MMOPA Master Aviator Award Application

Name: _____
Mailing Address: _____
City: _____ ST: _____ Zip: _____
Email: _____ Phone: _____

- ✓ PA46 PIC hours: I verify that I have logged (*check one*):
__ 100 __ 200 __ 300+

TOTAL PA46 PIC hours from 5/1/18 to 4/30/19: _____
- ✓ I verify that I completed an annual insurance-approved recurrent training event with an MMOPA approved training provider on the following date between May 1, 2018 and April 30, 2019. (*Please provide a copy of the completion certificate or evidence of endorsement.*)
DATE: _____
- ✓ I also verify that I completed a mid-year training event with a MMOPA approved training provider on the following date between May 1, 2018 and April 30, 2019. (*Please provide a copy of the completion certificate or evidence of endorsement.*)
DATE: _____
- ✓ I verify that I have attended an MMOPA Convention within the last three years.
Year of convention attended: _____
- ✓ I certify that I have had no accidents or incidents within the last three years.

To be recognized and receive the "Senior Aviator" or "Master Aviator" award:

___ Describe and provide proof of completion of an upset/recovery stall/spin training event you have completed. Description:

Date of training _____

___ Provide proof of a tailwheel endorsement.

Date of training: _____

Master Aviator Retention

To retain the honor of being at the highest level of the Master Aviator program, you must have flown 100 hours in the PA46 between May 1, 2018 and April 30, 2019. In addition, you must have completed an additional training or rating achievement event, including:

New rating:

Commercial ATP CFI Rotorcraft Seaplane Glider Other

Other:

Altitude chamber training	NBAA Single-Pilot Safety
Standdown	
Aerobatic	MMOPA mid-year training event
Mountain/backcountry training	Survival/dunk tank course
Warbird training	Any military aviation course/event

Please provide a copy/copies of completion certificate(s).

Date of training: _____

Please select how you would like to be awarded the Master Aviator wings award:

___ I will be registering for the 2019 Annual Convention and would like to receive the award at the convention.

___ I would like the award mailed to me at the address noted above.

I certify that the information contained on this form is correct.

Signature

If you have any questions about your individual training, please send an email to safety@mmopa.com. We can evaluate any training (completed or proposed) to determine if it aligns with the award criteria. All applications must be submitted to

safety@mmopa.com by May 1, 2019.