



The Academy of Model Aeronautics'
National Aeromodeling Heritage Program
Historic Site Nominating Form – updated 2014

National Model Aviation Museum 5151 E. Memorial Dr. Muncie IN 47302

This form is for use in nominating individual properties or districts. Complete each item by marking an "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." Place additional entries and narrative items on continuation sheets. Use a typewriter, word processor, or computer to complete all items.

1. Name of Property

Historic name \_\_\_\_\_

Other name \_\_\_\_\_

2. Location

Address \_\_\_\_\_

City or Town \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

3. Property

Ownership of Property

Category of Property

Private

Building (s)

Public – local

District

Public – state

Site

Public – federal

Does property hold / have a historic designation with any other organization? Y/N \_\_\_\_\_

If yes, please list designation and date awarded \_\_\_\_\_

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#### 4. Function or Use

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Historic Function \_\_\_\_\_

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Current Function \_\_\_\_\_

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#### 5. Statement of Significance

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##### Applicable National Aeromodeling Historic Site Criteria

(Mark an "x" in or more boxes for the criteria qualifying property for listing.)

- Property is the continues operating location of an exceptionally significant / historic aeromodeling club(s)
- Property is the location of an exceptionally significant manufacturer / industry
- Property is the location of exceptionally significant scientific advances utilizing aeromodeling
- Property is the location of exceptionally significant early aeromodeling history 1900 – 1965
- Property has achieved exceptional significance in aeromodeling within the last 50 years
- Property has been the site of exceptionally significant aeromodeling record(s)
- Property represents a unique and exceptionally significant aeromodeling site with qualities not found elsewhere
- Property is directly associated with event(s) exceptionally significant to aeromodeling history

Period of Significance \_\_\_\_\_

(year(s) when major events directly contributing to significance of sites occurred)

Level of Significance (mark an "x" in categories that apply)

Local

State

National

Significant person(s) site associated with \_\_\_\_\_

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Significant event(s) site associated with (please include date of event)

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Significant manufacturer(s) site associate with \_\_\_\_\_

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### **Narrative Statement of Significance**

(Explain the significance of the site on one or more continuation sheets)

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### **6. Biographical References**

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Please site the books, articles, and other sources used in preparing this form on one or more continuation sheets. For primary source interviews please include name of individual interviewed, individual conducting interview, and date of interview.

**Please include copies of these articles, to include interview transcripts, with the nomination form.**

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### **7. Geographic Data**

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Acreage of site \_\_\_\_\_

Verbal Boundary (Describe the boundaries of the property on a continuation sheet)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet)

Date and types of improvements made to site \_\_\_\_\_

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GPS coordinates of site(if available) \_\_\_\_\_

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### 8. Structures Data

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Date of Construction \_\_\_\_\_

Alterations / changes to building and dates if known

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Number of buildings on site \_\_\_\_\_

Square feet of building (s) \_\_\_\_\_

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### 9. Manufacturer Data

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Date company founded \_\_\_\_\_

Founder / owner of company \_\_\_\_\_

Additional owners and dates of ownership \_\_\_\_\_

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High and low number of employees and dates \_\_\_\_\_

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### 10. Property Owner

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Name \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City or Town \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

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### 11. Additional Documentation

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Maps - Please include a map of the site and mark location of structures

Photographs – Please include photographs of site, historic and current if available  
(If submitting original photographs please note if you would like them returned)

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### 12. Form Prepared by

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Name \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City or Town \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_





This sheet is to be used to document items listed on the nominating form. Please reproduce as needed.

Line Item Referenced \_\_\_\_\_ Page # \_\_\_\_\_

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