

Academy of Model Aeronautics

An Affiliate of the National Aeronautic Association of the U.S.A.
 5161 East Memorial Drive
 Muncie, Indiana 47302
 (765) 287-1256 – Business
 (765) 286-3303 – Fax



AMA National Record Application Outdoor Free Flight

This form must be filled out and mailed within fourteen (14) days of the record attempt flight

Claimant Information:

Name: (please print) _____ AMA No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Signature: _____

E-mail Address: _____ Daytime Tel.: _____

Name of Meet _____ Contest Classification _____

City _____ State _____ Date of Flight _____

PLEASE CIRCLE EVENT AND AGE CLASSIFICATION

*101	1/2A Gas	JSO	140	HL Glider	JSO
*102-103	AB Gas	JSO	142	Catapult Glider	JSO
*104-105	CD Gas	JSO	150	F1A – A2 Glider	JSO
*101C	1/2A Classic Gas	JSO	151	F1B – Wakefield	JSO
*102-103C	AB Classic Gas	JSO	152	F1C – Power	JSO
*104-105C	CD Classic Gas	JSO	153	F1G – Coupe d’Hlver	JSO
*106	Payload	JSO	154	F1H – A1 Glider	JSO
107	Cargo	JSO	155	F1J – ½ A Class Power	JSO
*120	Mulvihill	JSO	156	F1K – CO2	JSO
121	Big E	JSO	157	F1E – Slope Soaring Glider	JSO
122	Dawn Unlimited	JSO	158	F1P – Power	JSO
124	P-30	JSO	159	F1Q – Electric Power	JSO
*125	Ornithopter	JSO	160	Electric A	JSO
*126	Autogiro	JSO	161	Electric B	JSO
*127	Helicopter	JSO	162	Rocket	JSO
*128	Moffett	JSO	163	CO2	JSO
129	Bostonian	JSO	164	Large CO2	JSO
130	Rubber Speed	JSO			

Check Category for Event Indicated *

None

I

II

III

Total Duration: _____ minutes _____ seconds

This is to certify that I have checked the above statement for (print filer’s name) _____ and that it agrees with the official flight data for the competition named above, sanctioned by the AMA, Certificate of Sanction No. _____, which was directed by me and had _____ contestants. This also certifies that all specifications of the rules were met by the model, the support equipment and the flier at the time of the claimed record performance.

Contest Director (print name) _____ AMA No. _____

Contest Director’s Signature _____

Date _____ Telephone _____

This performance is believed to have bettered the existing record of the model aircraft as described below. In reporting this performance, all the pertinent official AMA regulations have been complied with. All applicable data **MUST** be given. Report form **MUST** be accompanied by a **THREE-VIEW SKETCH** of the model, when it is an original design, with all pertinent dimensions and material notes attesting that the model meets the rules. Also, any novel mechanical or aerodynamic features should be noted. This data is to be used for checking purposes by the Contest Board. It will be filed in the Academy of Model Aeronautics records and may appear in Academy of Model Aeronautics publications. Submission of this date will in no way interfere with the rights of the designer. **Failure to comply with any of these requirements will be considered sufficient cause for rejection of this report by the Contest Board.**

Original Design YES NO (circle one) Kit Name: _____
(If YES, attach a three-view sketch)

Plan Name _____ Publication Name and Date _____

Total Weight _____ Wing Area _____ Stabilizer Area _____

Engine Displacement _____ Stroke _____ Bore _____

How Checked _____ By Whom _____

Fuel Checked for Tetranotromethane Content? _____ Rubber Weight _____

(P-30 only) Propeller Diameter _____ Prop Manufacturer _____

(Electric power only) Number of Battery Cells Used _____

(CO2 power only) Ratio of Tank Volume to Piston Displacement _____

(Autogiro only) Area of Rotating Vanes _____

(Ornithopter only) Projected Area of Flapping Wings _____ Total Wing Area _____

Weather Conditions _____ Wind _____ mph

FLIGHT DURATION

Engine Run/Seconds _____ Engine Run/Seconds _____ Engine Run/Seconds _____

1st Flight _____ 2nd Flight _____ 3rd Flight _____

Engine Run/Seconds _____ Engine Run/Seconds _____ Engine Run/Seconds _____

4th Flight _____ 5th Flight _____ 6th Flight _____

Engine Run/Seconds _____ Engine Run/Seconds _____ Engine Run/Seconds _____

7th Flight _____ 8th Flight _____ 9th Flight _____

Engine Run/Seconds _____ Engine Run/Seconds _____ Engine Run/Seconds _____

10th Flight _____ 11th Flight _____ 12th Flight _____

(If more flights exist, list on separate sheet.)

For information and publication use only, list any innovative features used _____

FOR CONTEST BOARD USE ONLY

Approved for Record by _____ AMA No. _____

Signature _____ Date _____