AIRBORNE PUBLIC SAFETY ASSOCIATION

ADVANCING PUBLIC SAFETY AVIATION

50 Carroll Creek Way | Suite 260 | Frederick, MD 21701
Phone (301) 631-2406 | Fax (301) 631-2466
www.publicsafetyaviation.org

The APSA Flight Safety Recognition Program honors flight crew members who have significant accident and violation free public safety mission flight hours.

Bronze Level	1,500 Hours
Silver Level	2,500 Hours
Gold Level	5,000 Hours
Platinum Level	10,000 Hours

Individual APSA members, employed or appointed by a public safety agency and whose duties include assignment as aircrew are allowed to use all time flown towards receiving APSA Flight Safety Recognition.

Should you question an accident or violation, use the FAR guidelines. **Any** accident or violation, regardless of nature or circumstances, will disqualify the candidate. Recognition requirements do not include military flight time.

To apply, complete an application form and return it to the APSA home office marked "**Attention: APSA Safety Committee,**" or email application to Megan Meese at mmeese@publicsafetyaviation.org. To qualify, you must be a member of APSA in good standing.

Qualified members will receive an 8½'' x 11'' certificate suitable for framing.

You may order a walnut plaque with recognition level engraved plate for $65.00 *(plus shipping; approximately $20 within the US or $45 International)* payable to APSA. Certificates/Plaques will be sent to the candidate's chief pilot or supervisor for presentation.

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APPLICATION

Name: _____

Agency: _____

Address _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Total accident and violation free airborne public safety mission hours: _____

I hereby certify that the information submitted above concerning has been checked by me for accuracy. I believe the information to be true and correct. To the best of my knowledge, the above-named candidate has accomplished the stated requirements for the **APSA Flight Safety Recognition Program.**

Name of Chief Pilot or O.I.C. _____

Signature: _____ Date: _____

Name of Commanding Officer: _____

Signature: _____ Date: _____

_____ Please send me a plaque. Included is a check for $65.00 *(plus shipping; approximately $20 within the US or $40 International)* payable to APSA.

_____ Credit Card number: _____ Exp: ___/___ Code: _____

For office use only: Membership Expiration Date_____
Award Level _____
Plaque _____ Certificate _____
Requisition Form _____
Plaque ordered _____
Plaque/Certificate Shipped _____