



Fédération Aéronautique Internationale

RECORD CLAIM STATEMENT

Pilot Information

Surname: _____ First name: _____
Nationality: _____
FAI Sporting License: _____ Validity: _____ (DD-Month-YYYY)
Name of Crew/Copilot: _____
Complete Certification of Flight Crew (Form 12) for Crew/Copilot

Aircraft Information

Registration: _____ Amateur-Built: yes no
Manufacturer: _____ Model: _____
Weight (ref. 3.1.5): _____
Weight determined by: Weighing prior to takeoff
 Aircraft weight & balance records (*Speed Over a Recognized Course records ONLY*)

Powerplant Information

Manufacturer: _____ Model: _____
Power: _____ Number of Engines: _____
Type: Internal Combustion (Group I) Rocket (Group IV)
 Turboprop (Group II) Scramjet (Group V)
 Jet (Group III)

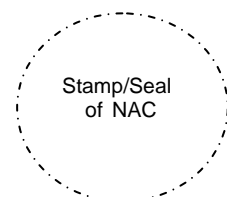
Record Information

Class: Aeroplanes C-1 Landplanes C-2 Seaplanes C-3 Amphibians
 H Jetlift Aircraft
 M Tilt-Wing/Tilt Engine Aircraft
Weight Classification (Sub-Class): _____
Date of Record (UTC date, DD-Month-YYYY): _____
Type of Record (ref.): Absolute (4.1), Altitude (4.2), Distance (4.3),
 Efficiency (4.4), Greatest Payload (4.5), Speed (4.6), Time to Climb (4.7)
Specific Record (Course): _____
Performance: _____ (use units as referenced in paragraph 3.1.9)
Supporting Certificates and Information: _____

NAC Certification

This is to certify that this national record was established in accordance with the rules and regulations of the FAI Sporting Code, General Section and the FAI Sporting Code Section 2, and was properly controlled and measured by qualified officials.

NAC Claiming Record: _____
Name of NAC Official: _____
Title: _____
Signature: _____
Date of Signature: _____





Fédération Aéronautique Internationale

CERTIFICATION OF TAKEOFF - Form 1 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Airport Information

Airport Name: _____

City: _____

Identifier: _____

Latitude: _____

Longitude: _____

Official Certification

I hereby certify that takeoff of the aircraft was accomplished as follows:

Date (UTC date): _____
(DD-Month-YYYY)

Time of last contact with surface (UTC): _____
(HH:MM:SS)

Time source: _____

Observation taken from: _____

Signature of Airport Authority: _____

Date of Signature: _____

Name: _____

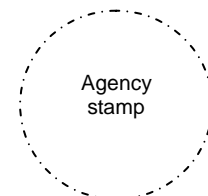
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Fédération Aéronautique Internationale

CERTIFICATION OF START - Form 2 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Start Point Information

Name of Start Point (if applicable): _____

Identifier (if applicable): _____

Latitude: _____

Longitude: _____

Official Certification

I hereby certify that the aircraft reached the start point as follows:

Date (UTC date): _____
(DD-Month-YYYY)

Time at start point (UTC): _____
(HH:MM:SS)

Altitude: _____

Time source: _____

Observation taken from: _____

Signature of Aviation Authority: _____

Date of Signature: _____

Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Agency
stamp/seal

Please return this form directly to:



Fédération Aéronautique Internationale

DESCRIPTION OF COURSE FLOWN - Form 3 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Course Information

Type of Course: Closed
 Straight
 Straight with Control Point(s)

Length of Course: _____ km

Length Determined by: Measurement of course (attach survey report)
 Distance calculation using WGS 84 earth model (attach calculation)

Official Certification

I hereby certify that the course flown complied with the appropriate record requirements:

Date of record (UTC date): _____
(DD-Month-YYYY)

Signature of Aviation Authority: _____

Date of Signature: _____

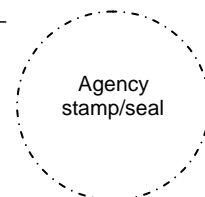
Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____



Please return this form directly to:



Fédération Aéronautique Internationale

CERTIFICATION OF TURN / CONTROL POINTS - Form 4 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Turn/Control Point Information and Official Certification

I hereby certify that the aircraft rounded or reached the turn/control point(s) as follows:

Point 1

Name/Identifier: _____ Date (UTC date): _____
(DD-Month-YYYY)

Latitude: _____ Time (UTC): _____
(HH:MM:SS)

Longitude: _____

Point 2

Name/Identifier: _____ Date (UTC date): _____
(DD-Month-YYYY)

Latitude: _____ Time (UTC): _____
(HH:MM:SS)

Longitude: _____

Point 3

Name/Identifier: _____ Date (UTC date): _____
(DD-Month-YYYY)

Latitude: _____ Time (UTC): _____
(HH:MM:SS)

Longitude: _____

Time source: _____

Observation taken from: _____

Signature of Aviation Authority: _____

Date of Signature: _____

Name: _____

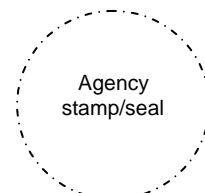
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Fédération Aéronautique Internationale

CERTIFICATION OF INTERMEDIATE LANDING AND TAKEOFF - Form 5 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Airport Information

Airport Name: _____

City: _____

Identifier: _____

Latitude: _____

Longitude: _____

Official Certification

I hereby certify that landing of the aircraft was accomplished as follows:

Date (UTC date): _____
(DD-Month-YYYY)

Time of first contact with surface (UTC): _____
(HH:MM:SS)

I hereby certify that takeoff of the aircraft was accomplished as follows:

Date (UTC date): _____
(DD-Month-YYYY)

Time of last contact with surface (UTC): _____
(HH:MM:SS)

Time source: _____

Observation taken from: _____

Signature of Airport Authority: _____

Date of Signature: _____

Name: _____

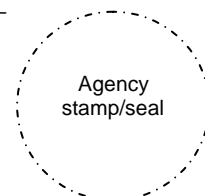
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:



Agency
stamp/seal



Fédération Aéronautique Internationale

CERTIFICATION OF FINISH - Form 6 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Finish Point Information

Name of Finish Point (if applicable): _____

Identifier (if applicable): _____

Latitude: _____

Longitude: _____

Official Certification

I hereby certify that the aircraft reached the finish point as follows:

Date (UTC date): _____
(DD-Month-YYYY)

Time at finish point (UTC): _____
(HH:MM:SS)

Altitude: _____

Time source: _____

Observation taken from: _____

Signature of Aviation Authority: _____

Date of Signature: _____

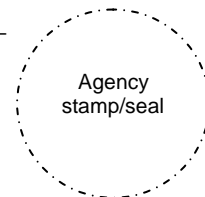
Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____



Agency
stamp/seal

Please return this form directly to:



Fédération Aéronautique Internationale

CERTIFICATION OF LANDING - Form 7 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Airport Information

Airport Name: _____

City: _____

Identifier: _____

Latitude: _____

Longitude: _____

Official Certification

I hereby certify that landing of the aircraft was accomplished as follows:

Date (UTC date): _____
(DD-Month-YYYY)

Time of first contact with surface (UTC): _____
(HH:MM:SS)

Time source: _____

Observation taken from: _____

Signature of Airport Authority: _____

Date of Signature: _____

Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Agency
stamp/seal

Please return this form directly to:



Fédération Aéronautique Internationale

CERTIFICATION OF ALTITUDE - Form 8 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Altitude Information

Type of Record: Altitude, Altitude with Payload, Altitude in Horizontal Flight,
 Altitude Gain, Greatest Payload, Time to Climb, Time to Climb with Payload

Official Certification

I hereby certify that the altitude was reached as follows:

Altitude reached: _____

Method of determining altitude: Altimeter Radar
 Barograph Other (describe)

Time of Brake Release (Time to Climb only) (UTC): _____
(HH:MM:SS)

Time upon reaching altitude (UTC): _____
(HH:MM:SS)

Length of time at altitude: _____

Speed at beginning and end (Altitude in Horizontal Flight only, ref. 4.2.3.4):

_____ (Beginning)

_____ (End)

Date of record (UTC date): _____
(DD-Month-YYYY)

Signature of Aviation Authority: _____

Date of Signature: _____

Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:

Agency
stamp/seal



Fédération Aéronautique Internationale

CERTIFICATION OF BAROGRAPH HANDLING - Form 9 -

Pilot/Aircraft Information

Name of Pilot: _____
Aircraft Registration: _____
Manufacturer: _____
Model: _____

Barograph Information

Barograph Make: _____
Serial Number: _____
Drum rotation rate or sampling rate: _____
Date of last calibration: _____

Official Certification

I hereby certify that the barograph was installed in the aircraft as follows:

Location: _____
Elevation: _____ Temperature: _____ Altimeter Setting: _____
Date (UTC date): _____
(DD-Month-YYYY)
Time of starting barograph (UTC): _____
(HH:MM:SS)

I hereby certify that the barograph was removed from the aircraft as follows:

Location: _____
Elevation: _____ Temperature: _____ Altimeter Setting: _____
Date (UTC date): _____
(DD-Month-YYYY)
Time of stopping barograph (UTC): _____
(HH:MM:SS)
Time source: _____

Signature of Aviation Authority: _____

Date of Signature: _____

Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Agency
stamp/seal

Please return this form directly to:



Fédération Aéronautique Internationale

CERTIFICATION OF WEIGHT - Form 10 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Weight Information

Empty Weight of Aircraft: _____

Weight of Fuel: + _____

Weight of Payload: + _____

Weight of Pilot and Crew: + _____

Weight of aircraft at takeoff: = _____

Official Certification

I hereby certify that the aircraft weight was determined as follows:

- Weighing prior to takeoff Aircraft weight & balance records
(Speed Over a Recognized Course records ONLY)

Date weight was determined (UTC date): _____
(DD-Month-YYYY)

Signature of Aviation Authority: _____

Date of Signature: _____

Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:

Agency
stamp/seal



Fédération Aéronautique Internationale

CERTIFICATION OF REFUELLING - Form 11 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Refuelling Information

The flight was accomplished with refueling.

Place of refueling: on the ground (specify location): _____

in flight (specify location): _____

The flight was accomplished without refueling.

The fuel tanks were sealed before takeoff.

The seals were intact at termination of the record attempt.

The aircraft had no capability to undertake in-flight refueling.

Official Certification

I hereby certify that refuelling was accomplished as noted above:

Date of record (UTC date): _____
(DD-Month-YYYY)

Signature of Aviation Authority: _____

Date of Signature: _____

Name: _____

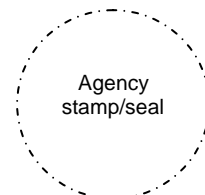
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Fédération Aéronautique Internationale

CERTIFICATION OF FLIGHT CREW - Form 12 -

Pilot/Aircraft Information

Name of Pilot: _____

Aircraft Registration: _____

Manufacturer: _____

Model: _____

Crew Information

Name: _____

FAI Sporting License: _____ Validity: _____ (DD-Month-YYYY)

Position/Duties: _____

- On board during the entire flight
 Not on board during the entire flight (specify)

Name: _____

FAI Sporting License: _____ Validity: _____ (DD-Month-YYYY)

Position/Duties: _____

- On board during the entire flight
 Not on board during the entire flight (specify)

Official Certification

I hereby certify that the crew information given above is correct and complete:

Date of record (UTC date): _____
(DD-Month-YYYY)

Signature of Aviation Authority: _____

Date of Signature: _____

Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:

