FORM A – ABSOLUTE ALTITUDE / GAIN OF HEIGHT

1. Claim Statement  

\[ \text{to be completed by pilot} \]

- **Category**  
  - □ General  
  - □ Female

- **Type of record**  
  - □ Gain of height  
  - □ Absolute altitude

Name of pilot ........................................................................................................... Sex........................................
Address .......................................................................................................................... Nationality ........................................
.................................................................................................................................
FAI Sporting licence no. .................................................................  Expiry date .................................
Glider type (SC3-3.1.2) .................................................................  Glider ID .................................
Date of flight .................................................................................................

☐ Check if a motor glider was used. If so, complete Form D.

When a multiplace glider is flown with a crew, SC3-3.1.3 applies.

- **Name of crew** ........................................................................................................
- **Sex** ........................................  **Birth date** ........................................
- **Address** ................................................................................................................
- **Nationality** ........................................
- .................................................................................................................................
- FAI Sporting licence no. .................................................................  Expiry date .................................

\[
\begin{array}{ll}
\text{PERFORMANCE CLAIMED} & \text{gain of height metres} \\
\text{absolute altitude metres} \\
\end{array}
\]

I certify that this soaring performance was conducted in accordance with the FAI Sporting Code and with (1) all operating limitations established by the aircraft manufacturer, (2) any more restrictive operating limitations imposed by national airworthiness regulations of the civil aviation authority of the country of registration, and (3) airspace regulations where the flight took place.

Signature of pilot ...........................................................................................................  Date .................................
FAI glider & motor glider form A for altitude claims

2. Controlled Flight Recorder(s) to be completed by OO(s) controlling the flight.

<table>
<thead>
<tr>
<th>FR #1</th>
<th>FR #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type ...........................................</td>
<td>Type ...........................................</td>
</tr>
<tr>
<td>Serial no. .................................</td>
<td>Serial no. .................................</td>
</tr>
<tr>
<td>.igc file name .........................</td>
<td>.igc file name .........................</td>
</tr>
</tbody>
</table>

☐ All FRs used on the flight have been be checked and controlled per SC3-3.5.

☐ Installation and any sealing required was in accordance with the IGC approval document.

3. Take-off and Landing Point Data to be completed by OO(s) controlling the flight.

<table>
<thead>
<tr>
<th>Launch point</th>
<th>Latitude ................... Longitude ..................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevation (msl)</td>
<td>................... metres</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Landing place</th>
<th>Latitude ................... Longitude ..................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevation (msl)</td>
<td>................... metres</td>
</tr>
</tbody>
</table>

( where the launch or landing is an airfield, enter the official airfield coordinates & elevation )

4. Official Observer Verification

Form E completed.

OO name 1 ........................................... OO signature ........................................... OO no. ...................

Date ..................... The claim sections I verified are: 1 ☐ 2 ☐ 3 ☐

OO name 2 ........................................... OO signature ........................................... OO no. ...................

Date ..................... The claim sections I verified are: 1 ☐ 2 ☐ 3 ☐

5. Performance Flown. to be completed by the NAC data analyst.

The below way point data was determined from the flight recorder .igc file.

Low point (msl) ................... metres High point (msl) ................... metres

Gain of attitude ................... metres

Absolute altitude (corrected per SC3-4.3.4b if required) ................... metres
The declaration in all FRs match the information in Section 1.

The barogram used to determine the low and high point altitudes is within the calibration period and is the one giving the least height gain.

Barograph calibration date of the FR used for the altitude evidence, is either:

Before flight .................................. or after flight ..................................

All checks required to verify the flight according to the Sporting Code have been performed and found to substantiate the claim.

Claims Officer name .......................................................... signature ..........................................................

Date........................................

6. List of Enclosures (tick those enclosed, keep copies)

checked by the Claims Officer approved by the NAC.

- Suitable storage device with .igc file from all FRs used on the flight.
- Both barograph calibration certificates (before and after the flight) for all FRs used on flight.
- Narrative description of flight by pilot (optional but recommended)
- Narrative description by the OO. If more than one OO was involved, the one who took control of the flight recorder(s) (optional).
- List of names, addresses, email and telephone numbers of all OOs concerned with the claim.
- Form D (if motor glider flown).
- Form E (to be completed by the NACs concerned).
- Others; specify below: