# Record Claim Statement

## Pilot Information

<table>
<thead>
<tr>
<th>Surname: ____________________</th>
<th>First name: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAI Sporting License: _______</td>
<td>Validity: ____________________ (DD-Month-YYYY)</td>
</tr>
<tr>
<td>Issued by: _________________</td>
<td>Name of Crew/Copilot: ____________________________________________</td>
</tr>
</tbody>
</table>

## Rotorcraft Information

<table>
<thead>
<tr>
<th>Registration: ____________________</th>
<th>Model: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer: ____________________</td>
<td>Weight (ref. 4.4.): ____________________</td>
</tr>
<tr>
<td>Actual takeoff weight</td>
<td>Certified maximum takeoff weight</td>
</tr>
</tbody>
</table>

## Powerplant Information

<table>
<thead>
<tr>
<th>Manufacturer: ____________________</th>
<th>Model: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power: ____________________</td>
<td>Number of Engines: ____________________</td>
</tr>
<tr>
<td>Type: □ Piston (Group I) □ Turbine (Group II) □ Mixed Propulsion (Group III)</td>
<td></td>
</tr>
</tbody>
</table>

## Record Information

| Class: □ E-1 Helicopters □ E-2 Tilt Rotor □ E-3 Autogyros |
|-----------------------------|---------------------------------|
| Category: □ General □ Feminine |
| Weight Classification (Sub-Class): ____________________ |
| Date of Record (UTC date, DD-Month-YYYY): ____________________ |
| Type of Record: ____________________ (as per SC9 - 3.1) |
| Record Course: ____________________ |
| Performance: ____________________ (altitude in meters, distance in km, speed in km/h) |

## 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 9, and was properly controlled and measured by qualified officials.

<table>
<thead>
<tr>
<th>NAC Claiming Record: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of NAC Official: ____________________</td>
</tr>
<tr>
<td>Title: ____________________</td>
</tr>
<tr>
<td>Signature: ____________________</td>
</tr>
<tr>
<td>Date of Signature: ____________________</td>
</tr>
</tbody>
</table>

---

Sporting Code Section 9  2011 Edition
## Fédération Aéronautique Internationale

### CERTIFICATION OF TAKEOFF

- Form 1 -

#### Pilot/Rotorcraft Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Pilot</td>
<td></td>
</tr>
<tr>
<td>Rotorcraft Registration</td>
<td></td>
</tr>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
</tr>
</tbody>
</table>

#### Airport or Start Point Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airport Name</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td></td>
</tr>
<tr>
<td>Latitude</td>
<td></td>
</tr>
<tr>
<td>Longitude</td>
<td></td>
</tr>
</tbody>
</table>

#### Official Certification

_I hereby certify that takeoff of the rotorcraft was accomplished as follows:_

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (UTC date)</td>
<td></td>
</tr>
<tr>
<td>Time of last contact with surface (UTC)</td>
<td></td>
</tr>
<tr>
<td>Time source</td>
<td></td>
</tr>
<tr>
<td>Observation taken from</td>
<td></td>
</tr>
</tbody>
</table>

Signature of O.O. or Air Traffic Controller: ____________________________

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Signature</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
</tbody>
</table>

Please return this form directly to:

Agency stamp
# CERTIFICATION OF START

- Form 2 -

## Pilot/Rotorcraft Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Pilot:</td>
<td></td>
</tr>
<tr>
<td>Rotorcraft Registration:</td>
<td></td>
</tr>
<tr>
<td>Manufacturer:</td>
<td></td>
</tr>
<tr>
<td>Model:</td>
<td></td>
</tr>
</tbody>
</table>

## Start Point Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Start Point (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Identifier (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Latitude:</td>
<td></td>
</tr>
<tr>
<td>Longitude:</td>
<td></td>
</tr>
</tbody>
</table>

## Official Certification

*I hereby certify that the rotorcraft reached the start point as follows:*

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (UTC date):</td>
<td></td>
</tr>
<tr>
<td>Time at start point (UTC):</td>
<td></td>
</tr>
<tr>
<td>Altitude:</td>
<td></td>
</tr>
<tr>
<td>Time source:</td>
<td></td>
</tr>
<tr>
<td>Observation taken from:</td>
<td></td>
</tr>
</tbody>
</table>

Signature of OO or Air Traffic Controller: __________________________________________

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Signature:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
</tbody>
</table>

Please return this form directly to: __________________________

Agency stamp/seal
Pilot/Rotorcraft Information

Name of Pilot: ________________________________
Rotorcraft Registration: _________________________
Manufacturer: ________________________________
Model: ________________________________

Course Information

Type of Course:  
- Distance over a closed circuit
- Distance
- Speed over a straight course,
- Speed over closed circuit
- Speed around the World [ ] Eastbound [ ] Westbound
- Speed over both Earth’s Poles
- Speed over recognized courses

Course length: ___________ km, [ ] with payload
Length Determined by:  
- Measurement of Course (attach survey report)
- Great Circle Distance: [ ] WGS 84 (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 OO: ________________________________
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/Rotorcraft Information

- Name of Pilot: ________________________________
- Rotorcraft Registration: __________________________
- Manufacturer: ________________________________
- Model: ______________________________________

### Turn/Control Point Information and Official Certification

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

<table>
<thead>
<tr>
<th>Point 1</th>
<th>Name/Identifier: ______________________</th>
<th>Date (UTC date): ________________ (DD-Month-YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Latitude: ______________________</td>
<td>Time (UTC): ________________ (HH:MM:SS)</td>
</tr>
<tr>
<td></td>
<td>Longitude: ______________________</td>
<td>Time source: ______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Point 2</th>
<th>Name/Identifier: ______________________</th>
<th>Date (UTC date): ________________ (DD-Month-YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Latitude: ______________________</td>
<td>Time (UTC): ________________ (HH:MM:SS)</td>
</tr>
<tr>
<td></td>
<td>Longitude: ______________________</td>
<td>Observation taken from: ______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Point 3</th>
<th>Name/Identifier: ______________________</th>
<th>Date (UTC date): ________________ (DD-Month-YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Latitude: ______________________</td>
<td>Time (UTC): ________________ (HH:MM:SS)</td>
</tr>
<tr>
<td></td>
<td>Longitude: ______________________</td>
<td>Time source: ______________________</td>
</tr>
</tbody>
</table>

Signature of O.O. or Air Traffic Controller: ________________________________

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/Rotorcraft Information
Name of Pilot: __________________________________________
Rotorcraft Registration: ____________________________________
Manufacturer: __________________________________________
Model: ________________________________________________

Airport Information
Airport Name: __________________________________________
City: _________________________________________________
Identifier: __________________________________________
Latitude: ______________________________________________
Longitude: ___________________________________________

Official Certification
I hereby certify that landing of the Rotorcraft was accomplished as follows:
Date (UTC date): ____________________________
Time of first contact with surface (UTC): _______:
I hereby certify that takeoff of the Rotorcraft was accomplished as follows:
Date (UTC date): ____________________________
Time of last contact with surface (UTC): _______:
Time source: ________________________________
Observation taken from: ____________________
Signature of O.O. or Air Traffic Controller: ________________________________
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/Rotorcraft Information

Name of Pilot: ________________________________
Rotorcraft Registration: _________________________
Manufacturer: ________________________________
Model: _______________________________________

Finish Point Information

Name of Finish Point (if applicable): ________________________________
Identifier (if applicable): ________________________________
Latitude: _______________________________________
Longitude: _______________________________________

Official Certification

I hereby certify that the rotorcraft 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 O.O. or Air Traffic Controller: ________________________________
Date of Signature: ________________________________
Name: _________________________________________
Title: _________________________________________
Address: _______________________________________
E-mail: _______________________________________
Telephone: ________________________________

Please return this form directly to:
Pilot/Rotorcraft Information

| Name of Pilot: | ________________________________ |
| Rotorcraft Registration: | ________________________________ |
| Manufacturer: | ________________________________ |
| Model: | ________________________________ |

Airport or Finish Point Information

| Airport Name: | ________________________________ |
| City: | ________________________________ |
| Identifier: | ________________________________ |
| Latitude: | ________________________________ |
| Longitude: | ________________________________ |

Official Certification

*I hereby certify that landing of the Rotorcraft 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 O.O. or Air Traffic Controller: ________________________________

| Date of Signature: | ________________________________ |
| Name: | ________________________________ |
| Title: | ________________________________ |
| Address: | ________________________________ |
| E-mail: | ________________________________ |
| Telephone: | ________________________________ |

Please return this form directly to:
**Pilot/Rotorcraft Information**

Name of Pilot: ________________________________  
Rotorcraft Registration: ________________________________  
Manufacturer: ________________________________  
Model: ________________________________

**Altitude Information**

Type of Record:
- [ ] Altitude,  [ ] Altitude with Payload,  [ ] Highest Take-Off,  
- [ ] Greatest Mass carried to a height of 2’000m,  
- [ ] 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 Lift Off (Time to Climb only) (UTC): ________________________________  
(HH:MM:SS)  

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

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

Signature of O.O.: ________________________________

Name: ________________________________
Title: ________________________________
Address: ________________________________
E-mail: ________________________________
Telephone: ________________________________

Please return this form directly to:
CERTIFICATION OF FLIGHT REQUIREMENTS
- Form 9 -

Pilot/Rotorcraft Information

Name of Pilot: ____________________________________________
Rotorcraft Registration: ____________________________________
Manufacturer: _____________________________________________
Model: _________________________________________________

Official Certification

I hereby certify that the following flight requirements were met:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of O.O.: ___________________________________________

Date of Signature: __________________________________________
Name: ___________________________________________________
Title: ____________________________________________________
Address: _________________________________________________
E-mail: __________________________________________________
Telephone: _______________________________________________
# Form 10 - CERTIFICATION OF BAROGRAPH / FR HANDLING

<table>
<thead>
<tr>
<th><strong>Pilot/Rotorcraft Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Pilot: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Rotorcraft Registration: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Manufacturer: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Model: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Barograph / Flight Recorder Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Make: ________________</td>
<td>Serial Number: ________________</td>
</tr>
<tr>
<td>Drum rotation rate or sampling rate: ________________</td>
<td></td>
</tr>
<tr>
<td>Date of last calibration: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Official Certification</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby certify that the equipment was installed in the Rotorcraft as follows:</td>
<td></td>
</tr>
<tr>
<td>Location: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Elevation: ________________</td>
<td>Temperature: ________________</td>
</tr>
<tr>
<td>Date (UTC date): ________________________________ (DD-Month-YYYY)</td>
<td></td>
</tr>
<tr>
<td>Time of starting the equipment (UTC): ________________________________ (HH:MM:SS)</td>
<td></td>
</tr>
<tr>
<td>I hereby certify that the equipment was removed from the Rotorcraft as follows:</td>
<td></td>
</tr>
<tr>
<td>Location: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Elevation: ________________</td>
<td>Temperature: ________________</td>
</tr>
<tr>
<td>Date (UTC date): ________________________________ (DD-Month-YYYY)</td>
<td></td>
</tr>
<tr>
<td>Time of stopping equipment (UTC): ________________________________ (HH:MM:SS)</td>
<td></td>
</tr>
<tr>
<td>Time source: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Signature of O.O.: ________________________________

Date of Signature: ________________________________

Name: ________________________________

Title: ________________________________

Address: ________________________________

E-mail: ________________________________

Telephone: ________________________________

Please return this form directly to: ________________________________

Agency stamp/seal
## CERTIFICATION OF WEIGHT
- Form 11 -

### Pilot/Rotorcraft Information

Name of Pilot: ________________________________

Rotorcraft Registration: ________________________________

Manufacturer: ________________________________

Model: ________________________________

### Weight Information

Empty Weight of Rotorcraft: ________________________________

Weight of Fuel: + ________________________________

Weight of Payload: + ________________________________

Weight of Pilot and Crew: + ________________________________

Weight of Rotorcraft at takeoff: = ________________________________

### Official Certification

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

- [ ] Scales
- [ ] Rotorcraft Manual
- [ ] Other (Describe)

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

Signature of O.O.: ________________________________

Date of Signature: ________________________________

Name: ________________________________

Title: ________________________________

Address: ________________________________

E-mail: ________________________________

Telephone: ________________________________

Please return this form directly to:
CERTIFICATION OF REFUELLING
- Form 12 -

Pilot/Rotorcraft Information

Name of Pilot: ________________________________
Rotorcraft Registration: _________________________
Manufacturer: ________________________________
Model: ______________________________________

Refueling 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 Rotorcraft had no capability to undertake in-flight refueling.

Official Certification

I hereby certify that refueling was accomplished as noted above:

Date of record (UTC date): __________________________ (DD-Month-YYYY)
Signature of O.O.: __________________________________________
Date of Signature: ______________________________
Name: _____________________________________________
Title: _____________________________________________
Address: ___________________________________________
E-mail: ____________________________________________
Telephone: _____________________________

Please return this form directly to:
Fédération Aéronautique Internationale

CERTIFICATION OF FLIGHT CREW
- Form 13 -

Pilot/Rotorcraft Information
Name of Pilot: ________________________________
Rotorcraft 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 O.O.: ______________________________________
Date of Signature: ______________________________________
Name: ______________________________________
Title: ______________________________________
Address: ______________________________________
E-mail: ______________________________________
Telephone: _____________________

Please return this form directly to:
CERTIFICATION OF PAYLOAD
- Form 14 -

Pilot/Rotorcraft Information

Name of Pilot: ________________________________
Rotorcraft Registration: _________________________
Manufacturer: ________________________________
Model: ________________________________

Official Certification

I hereby certify that the following payload was carried during the record flight
(indicate also the payload changes made during the flight, if any):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of O.O.:_________________________________ _____
Date of Signature: _______________________________ _______

Name: ______________________________________
Title: ______________________________________
Address: ______________________________________
E-mail: ______________________________________
Telephone: _____________________

Please return this form directly to:
CERTIFICATION OF TRANSITION FROM / TO HORIZONTAL FLIGHT
- Form 15 -

Pilot/Rotorcraft Information

Name of Pilot: ________________________________
Rotorcraft Registration: ________________________________
Manufacturer: ________________________________
Model: ________________________________

Airport or Finish Point Information

Airport Name: ________________________________
City: ________________________________
Identifier: ________________________________
Latitude: ________________________________
Longitude: ________________________________

Official Certification

I hereby certify that transition of the Tilt Rotor flight was accomplished as follows:

☐ from vertical to horizontal flight  ☐ from horizontal to vertical flight

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

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

Time source: ________________________________
Observation taken from: ________________________________

Signature of O.O.: ________________________________
Date of Signature: ________________________________
Name: ________________________________
Title: ________________________________
Address: ________________________________
E-mail: ________________________________
Telephone: ________________________________

Please return this form directly to: