NASSAU COUNTY DEPARTMENT OF RECREATION AND PARKS

APPLICATION FOR RADIO CONTROLLED MODEL AIRPLANE/HELLICOPTER SENIOR FLYING PERMIT (BLUE CARD).

THIS APPLICATION IS FOR: ☐ AIRPLANE ☐ HELLICOPTER *CHECK ONLY ONE! NOT VALID IF ALTERED!*

NAME: *DATE OF BIRTH:*

ADDRESS:

TOWN: *COUNTY:*

STATE: *ZIP CODE:*

HOME TEL: *BUS TEL:*

SEX: ☐ *MALE* ☐ *FEMALE* *HEIGHT:* *EYE COLOR:*

MEMBER OF WHICH FLYING CLUBS:

AMA LIC. NO. *SFA LIC. NO.*

FCC LIC. NO. *EXPIRATION DATE:*

CURRENT NASSAU COUNTY AIRCRAFT PERMIT NO. ☐ NOVICE ☐ SENIOR

CURRENT NASSAU COUNTY HELLICOPTER PERMIT NO. ☐ NOVICE ☐ SENIOR

SIGNATURE OF APPLICANT *DATE*

I HERBY CERTIFY THAT THE ABOVE APPLICANT HAS PASSED ALL QUALIFYING TESTS FOR THE OPERATION OF A RADIO CONTROLLED MODEL AIRCRAFT (as checked above) AND I RECOMMEND THAT THE NASSAU COUNTY DEPARTMENT OF RECREATION AND PARKS ISSUE THE ABOVE APPLICANT A SENIOR AIRCRAFT PERMIT FOR THE TYPE CHECKED ABOVE.

TEST 1	TEST 2
PASSED ORAL EXAM (DATE)	PASSED ORAL EXAM (DATE)
PASSED FLIGHT TEST (DATE)	PASSED FLIGHT TEST (DATE)
CERTIFYING EXAMINER --- PERMIT NO.	CERTIFYING EXAMINER --- PERMIT NO.

(FOR PARK'S DEPARTMENT USE ONLY!)

NOVICE PERMIT RELINQUISHED ☐ YES ☐ NO

SIGNATURE OF ISSUING OFFICIAL *DATE*