



## **CERTIFICATION OF INTERMEDIATE LANDING & TAKEOFF**

(please print or type)

Part	– to be completed by pilot				
	Name of Pilot:				
	Aircraft Manufacturer:			Aircraft Model:	
	Aircraft Registration No.:				
	Airport Name:				
	City, Country:				
Part i	II – to be completed only by	<b>Air Traffic Controller</b> or NAA ol	serv	er	
	ICAO Airport Identifier:				
	Latitude:			Longitude:	
	Date of Landing (UTC):	(day/month/year)		cact Time of ding (UTC):	(hh:mm:ss)
	Date of Takeoff (UTC):	(day/month/year)		cact Time of eoff (UTC):	(hh:mm:ss)
	Time Source Used:				
	Aircraft Observed From:				
	Name:				
	Job Title:				
	A 1.1				
	Address:				
	Phone Number:			E-mail:	
	I certify that I observed the above aircraft land and takeoff at the times and place described. I further certify that I am either an FAA Air Traffic Controller (or its foreign or military equivalent) or I have been designated in advance by the National Aeronautic Association (NAA) to make this official observation. I understand that NAA and the Federation Aeronautique Internationale will be relying on this statement in connection with an attempt to set an official aviation record that may be recognized on an international basis.				
	Signature:			Date:	

**This original form must be returned directly to**: National Aeronautic Association, Reagan Washington National Airport, Hangar 7, Suite 202, Washington, DC 20001, USA. Please retain a copy of this signed, completed form for at least 30 days. Call NAA at (703) 416-4888 with any questions, or send E-mail to records@naa.aero