

CERTIFICATION OF TIME CROSSING FIX



(please print or type)

Part I	– to be completed by pilot	T.		
	Name of Pilot:			
	Aircraft Manufacturer:		Aircraft Model:	
	Aircraft Registration No.:			
	Name of Fix:			
	Type of Fix (i.e., Airport, NAVAID):			
Part I	II – to be completed only by	Air Traffic Controller or NAA ob	oserver	
	Fix Identifier:			
	Latitude:		Longitude: Exact Time	
	Date over Fix (UTC):	(dd-month-yyyy)	over fix(UTC):	(hh:mm:ss)
	Altitude of Aircraft When Crossing Fix:			
	Time Source Used:			
	Aircraft Observed From:			
	Name:			
	Job Title:			
	Address:			
	7 (du) 633.			
	Phone Number:		E-mail:	
	I certify that I observed the above aircraft at the time 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.			
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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

Date:

Signature: