

**Balloon Federation of America Award Program
ED YOST MASTER PILOT AWARD**

Applicant Information Form

APPLICANT:

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

E-mail: _____

Resume: Please provide a detailed and complete ballooning biography for the applicant that includes the candidate's history and involvement in ballooning.

Provide documentation: Provide proper documentation describing the kind of certificate(s) held by the applicant. Attach copies of documents indicating the original date of the pilot's LTA solo flight or original LTA flight certificate.

Accidents or enforcement actions: Has the applicant had an accident or Federal Aviation Administration enforcement action? Yes___ No___ If yes, please provide details on a separate sheet.

Certification of applicant: I hereby certify that the statements above regarding accidents or Federal Administration enforcement actions are correct and true.

Applicant: _____ Certificate #: _____ Date: _____

PERSON MAKING THE SUBMISSION:

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

E-mail: _____

Return the Applicant Information Form to: Balloon Federation of America
PO Box 400
Indianola, IA 50125
bfaoffice@bfa.net