



**Aviation Maintenance Technician Employer
Recognition Award Program
2018 Award Application Form**

Company Information

Date: _____

| | |
|---|--|
| Company Name (as it should appear on certificate): | |
| Name and title of person completing this application: | |
| Company street address: | |
| City, state and zip code: | |
| Telephone Number: | |
| Email Address: | |

How many total Aviation Maintenance Technicians (AMT) were employed by your company (either directly or indirectly) in 2017? _____

How many of the employed AMTs completed the required 12 hours of qualified training in 2017: _____

Please attach a sheet listing the names of all AMTs who completed the required 12 hours of qualified training in 2017 – **NOTE: This application will not be considered without the AMTs' names attached.**

As a company official, I certify that the information contained in this application and attachments is true and that appropriate proof of training is available and will be retained by the company for five (5) years.

Signature: _____ Date: _____

Printed Name and Title: _____

Deadline is March 23, 2018

Please email this completed application to safety1st@nata.aero