**Aviation Maintenance Technician Employer
Recognition Award Program**

**2017 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 2016? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of the employed AMTs completed the required 12 hours of qualified training in 2016: \_\_\_\_\_\_\_\_\_

Please attach a sheet listing the names of all AMTs who completed the required 12 hours of qualified training in 2016 – **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 24, 2017**

Please email this completed application to safety1st@nata.aero