SAC Reference Form

Name of referring ACE:

Date:

Name of Applicant being referred:

Type of SAC Card being requested by Applicant:

* Initial
* First Surface Level Card

Applicant ratings and times

* Total time in this type of aircraft:
* Number of years in this type of aircraft:
* Total aerobatic time in this type of aircraft:
* Total time in all aircraft:
* Total aerobatic time in all aircraft:

Number of hours of ground training you have given to the applicant:

* 0-2
* 2-4
* 4-6
* 6+

Number of Applicant’s flights critiqued:

Number of Applicant’s flights or act type critiqued at the recommended level:

Date of most recent critique at the recommended level or act type:

Number of Applicant’s sequences critiqued:

Location of Applicant’s critiqued sequences and flights:

Number of ground instruction hours spent

* Accident analysis of similar acts:
* Airshow rules and procedures:
* Sequence design & energy management:
* Energy/altitude gates and safety margins for each figure of sequence:

Rate the entertainment value of the Applicant’s act:

* High
* Medium
* Low

Applicant’s training history and experience

* Aerobatic school (name, hours, dates) :
* IAC competition history (categories, results, dates) :

Summary of Applicant’s strengths:

Summary of areas of concern for the Applicant:

How confident are you that the Applicant will pass their evaluation (1-10)? :