

THE HONOURABLE COMPANY OF AIR PILOTS

Master Rearcrew Certificate

Criteria

The award of this certificate is an honour to a rear crew member of an aircraft crew (other than pilots, navigators (WSO) or observers), not necessarily a member of the Company, who has a direct airborne involvement in ensuring safe and effective aircraft operations and who has, in the opinion of the Court, displayed over a number of years those qualities of airborne capability, airmanship and character which have brought honour and respect to the profession. Those eligible are as follows:

RN: Air Crewmen and Flying Maintainers

Army: Crewmen

RAF: WSO (other than navigator), Air Loadmaster and Air Engineers

Civil: As per military criteria

The award is in recognition of long service and consistently high standards in one or more branches of professional flying, whether civil or military, including air transport, airborne instruction, test or operational flying.

As the title suggests, the recipient will be a proven Master of their craft.

Conditions

- 1. Although no minimum flying hours are required, the expected level of experience required to justify this award would involve typically a minimum of 15 years in the profession.
- 2. The career, appointments held and experience, as claimed by the candidate, shall be verified by a competent officer of the Company/Service in which he/she is employed. Only where no suitably qualified officer is available will the verification by the Candidate's sponsor be acceptable. The Court may exercise its right to request log book evidence or to refer to the appropriate Regulatory Authority.
- 3. The award of this Certificate is at the absolute discretion of the Court on the advice of the Trophies and Awards Committee.

THE HONOURABLE COMPANY OF AIR PILOTS

A LIVERY COMPANY OF THE CITY OF LONDON INCORPORATED BY ROYAL CHARTER

Air Pilots House 52A Borough High Street LONDON SE1 1XN Telephone: 020 7404 4032

Email: office@airpilots.org

MASTER REARCREW CERTIFICATE

APPLICATION MADE FOR AN AWARD TO:

RANK/TITLE:	SURNAME:
FORENAMES:	
DECORATIONS& AWARDS:	
DATE OF BIRTH:	
CONTACT ADDRESS:	
	POSTCODE
EMAIL ADDRESS:	
TELEPHONE: Home/Office	Mobile

SUPPORTER / NOMINATOR:

I fully support this application for the award of a Master Rearcrew Certificate and declare that the information submitted in support of this application is correct.

I have known for years and believe them to be a person who at all times has upheld the honour and dignity of their profession.

SIGNATURE:	. DATE:
NAME:	
ADDRESS	
POSTCODE TE	L:
EMAIL:	

NARRATIVE

This page should be completed with a narrative outline of the candidate's career (250-400 words to explain and justify why the candidate is a 'Master of their craft'. This should concentrate on the candidate's experience as aircrew)

NOTABLE COMMENDATIONS

In this section please give details of any special commendations the applicant has received: outstanding flying achievements, other contributions to aviation techniques or any other factor, not otherwise mentioned in the narrative, which you wish to be considered.

NOTABLE INCIDENTS

In this Section please give details of notable incidents in which the applicant has been involved which may or may not have been the subject of an official investigation, which are not otherwise mentioned in the narrative.

CAREER AND EXPERIENCE DETAILS

Please complete the details required below, starting at the beginning of the nominee's flying career. Please give full details.

	-			 	
					DATE FROM
					DATE TO
				 	EMPLOYER
					AIRCRAFT TYPE
					APPT. MGMT POSITIONS AND RATINGS TRE/IRE, QFI ETC
					APPT. MGMT POSITIONS AND RATING
					HRS FLOWN AS REARCREW

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								DATE FROM
								DATE TO
								EMPLOYER
								AIRCRAFT TYPE
								APPT. MGMT POSITIONS AND RATINGS TRE/IRE, QFI ETC
								APPT. MGMT POSITIONS AND RATING
								HRS FLOWN AS REARCREW

This application should, where possible, be signed by a senior official of the Candidate's current employer or appropriate service commanding officer.

I certify that the career details, management/training appointments held, and flying experience as stated on behalf of the nominee are correct.

SIGNATURE:	 DATE:	
NAME:	 	
COMPANY/SERVICE:	 	
APPOINTMENT/ POSITION HELD	 	
CONTACT DETAILS:	 	