

NAR HIGH POWER LEVEL 3 CERTIFICATION APPLICATION

APPLICANT AND MOTOR INFORMATION (completed by applicant)

Name:	_____	Birth Date: _____/_____/_____
	First Last	
Address:	_____	Phone: (____) _____ Evening? Day?
	Street Apartment	
	_____	NAR No. _____
	City State ZIP	
Email Address: _____		Membership Expires : _____/_____/_____
I, _____, certify that I am a Level 2 certified member in good standing of the National Association of Rocketry.		
Signature: _____		Date: _____/_____/_____
Motor designation: _____		Motor Manufacturer: _____

CONSTRUCTION PACKAGE AFFIDAVIT (Completed by certification team).

I, the undersigned, am a senior member of the NAR, distinct from the applicant, and a member of the NAR Level 3 Certification Committee. I have reviewed the airframe construction data presented to me and I confirm that the applicant has followed and complied with accepted construction practice in this Level 3 project. My assessment is based on:

<input type="checkbox"/> Inspection during construction	<input type="checkbox"/> Review and approval of construction package documentation
<input type="checkbox"/> Documented Level 2 test flight	<input type="checkbox"/> Other: _____

Name (printed): _____ Signature: _____

NAR No: _____ Membership expires: _____/_____/_____ Certification Level: _____

RECOVERY PACKAGE AFFIDAVIT (Completed by certification team).

I, the undersigned, am a senior member of the NAR, distinct from the applicant, and a member of the NAR Level 3 Certification Committee. I have reviewed the recovery system design data presented to me and I confirm that the applicant has followed accepted guidelines in the design and implementation of a recovery system for this Level 3 project. My assessment is based on:

<input type="checkbox"/> Recovery certification package review and a test flight demonstrating recovery systems
<input type="checkbox"/> Recovery certification package review and documentation of the recovery system ground testing

Name (printed): _____ Signature: _____

NAR No: _____ Membership expires: _____/_____/_____ Certification Level: _____

LEVEL 3 PRE-FLIGHT INSPECTION CHECKLIST (completed by certification team)

<input type="checkbox"/> Are all pyrotechnics and electronic deployment devices "safed" when presented for inspection? (The rocket must have this capability to pass the safety inspection).
<input type="checkbox"/> Does the rocket airframe conform to the Construction Package?
<input type="checkbox"/> Does the rocket recovery system conform to the Recovery System Package?
<input type="checkbox"/> Has the Certification Package stability analysis been reviewed? Is the CG forward of the aftmost allowable location?
<input type="checkbox"/> Have the Certification Package performance predictions been evaluated to determine that the motor and launch pad are adequate for a safe, stable flight?

The answer to all of the above questions must be "YES" to proceed.

LEVEL 3 PRE-FLIGHT INSPECTION CHECKLIST CONTINUED (completed by certification team)

- Does the motor have a minimum total impulse of 5120.01 Newton-seconds and a "M", "N", or "O" designation?
- Is the motor NAR or Tripoli certified?
- Is the rocket's predicted altitude no greater than 90% of the FAA waiver restriction?
- Has the pre-launch checklist been accomplished to verify the flight readiness of the model?
- Has radio frequency usage, if applicable, been coordinated with the other fliers?
- Is a launch device sufficient to launch a rocket in this impulse class available?
- Is a launch system sufficient to safely ignite a rocket motor of this impulse class available?

The answer to all of the above questions must be "YES" to proceed.

The signatures below certify that the model has been inspected and is believed to be safe for flight. The signatures below certify that the certification package has been reviewed, found complete, and accurately describes the model about to be flown. The individuals below are the only ones who may certify this flight attempt. One of the following individuals must be a member of the Level 3 Certification committee.

Name (printed): _____ Signature: _____ NAR No: _____
Birth Date: ____/____/____ Membership expires: ____/____/____ Certification Level: _____ L3CC: _____
Name (printed): _____ Signature: _____ NAR No: _____
Birth Date: ____/____/____ Membership expires: ____/____/____ Certification Level: _____ L3CC: _____

LEVEL 3 POST-FLIGHT CHECKLIST (completed by certification team)

- Did the rocket make a stable flight? The certification attempt is a failure if the answer is "NO".
- Did the recovery system operate adequately to safely recover the model? The certification attempt is a failure if the answer is "NO".
- Did the rocket remain intact during recovery deployment, with no separation of parts without recovery devices? The certification attempt is a failure if the answer is "NO".
- Have all pyrotechnic devices and electronic controls been "safed" for Post-Flight inspection?
- Is there any damage that would prevent an immediate reflight of the model? The certification attempt is a failure if the answer is "YES".
- Did the model exceed the FAA waiver authorized altitude? The certification attempt is a failure if the answer is "YES".

LEVEL 3 FLIGHT CERTIFICATION AFFIDAVIT (Completed by certification team).

We, the undersigned, being members of The National Association of Rocketry, distinct from the applicant, have witnessed a demonstration by (Name) _____, (NAR #) _____, of skills relative to the building and safe operation of high power rockets. We attest that the applicant is 18 years of age or older and a member in good standing of the NAR. We believe this member is qualified to build and operate high power models with a total installed impulse up to 40,960 Newton-seconds.

Post-flight inspection of rocket completed (See inspection list above).

Name (printed): _____ Signature: _____ NAR No: _____
Name (printed): _____ Signature: _____ NAR No: _____