

# NAR HIGH POWER LEVEL 3 CERTIFICATION APPLICATION (supplement)

## LEVEL 3 TEMPORARY CERTIFICATION CARD (completed by certification team).

Send completed forms to:

National Association of Rocketry  
 P.O. Box 407  
 Marion, IA 52302

Use temporary L3 certification until new  
 Membership card arrives from NAR HQ.

<b>NAR LEVEL 3 CERTIFICATION</b>	
NAR # _____	Expiration date: ____/____/____
Name: _____	
Certification date: ____/____/____	
Witnessed by: _____	Authorizing Signature
Witnessed by: _____	Authorizing Signature
Void 1 year after certification date or on expiration date, whichever comes first.	

## LEVEL 3 CERTIFICATION FAILURE FORM (completed by certification team).

In event of a certification failure send this form and the entire L3 Certification Form to Stephen Lubliner at 9968 E. Domenic Lane, Tucson, AZ 85730. The purpose of this form is not to document the modeler's failures. It is designed as a research tool to study and refine the Level 3 certification program. The modeler's contact information is optional. Please explain reasons for failure and possible remedies thoroughly. Please use additional paper if required.

<b>LEVEL 3 CERTIFICATION FAILURE FORM (completed and mailed to above address by a certification team member).</b>	
<b>During which flight phase did the failure occur?</b>	
<input type="checkbox"/> Launch	<input type="checkbox"/> Powered flight (boost)
<input type="checkbox"/> Subsequent recovery system deployment event	<input type="checkbox"/> Coast to apogee
<input type="checkbox"/> Descent to ground	<input type="checkbox"/> Initial recovery system deployment event
<input type="checkbox"/> Ground impact	<input type="checkbox"/> Other
<b>Which system/component failed?</b>	
<input type="checkbox"/> Airframe structure	<input type="checkbox"/> Electronics/pyrotechnics
<input type="checkbox"/> Recovery	<input type="checkbox"/> Propulsion/motor
<input type="checkbox"/> Other	
<b>Explain (use the back of this page if required):</b> _____	
_____	
_____	
_____	
_____	
<b>Certification Team Witness:</b>	
Name: _____	Eve. Phone: _____
Email: _____	
<b>Modeler's Contact Information (optional)</b>	
Name: _____	NAR#: _____
Evening Phone: _____	Date: ____/____/____
Address: _____	Email: _____
	City: _____ State: ____ ZIP: _____