

**FORM 1**  
Updated June 2006

**Soaring Society of America, Inc.**

**Master Instructor Cross-Country Program**

**Form of Application for Consideration of Initial Issue or Renewal of the  
SSA Master Cross Country Instructor Designation**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

SSA Membership Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

FAA CFI Certificate Number: \_\_\_\_\_

CFIG Issue Date: \_\_\_\_\_ CFIG Expiration Date: \_\_\_\_\_

Logged Glider Hours: Total \_\_\_\_\_ Solo/PIC \_\_\_\_\_ Instructing \_\_\_\_\_  
*(Please do not estimate – give accurate times)*

Solo Cross Country (flights of at least 25 n.m.) \_\_\_\_\_

SSA/FAI Badges held: A \_\_\_ B \_\_\_ C \_\_\_ Bronze \_\_\_ Silver # \_\_\_\_\_ Gold # \_\_\_\_\_

Diamonds: Height \_\_\_ Goal \_\_\_ Distance \_\_\_

Club Affiliation(s): \_\_\_\_\_

Current Airport of Operation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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**Please transmit your documentation of the required Master Instructor Tasks 1 through 4 with this application for consideration of designation. Attach documentation to this form.**

- Task 1. SSF FIRC attended in the preceding 36 months. Location: \_\_\_\_\_  
Date: \_\_\_\_\_
- Task 2. Document administration of at least three Bronze Badge Tests. (Names & Dates)
- Task 3. Document at least 5 hours of cross country instruction given in the preceding 24 months.
- Task 4. Document your Continuing Education regarding your Cross County knowledge or skills. For several examples, see the Introduction to the Program Guide.

*If you have participated in Recognized Cross Country Camps, please complete the following:*

I have given ground and flight instruction at the following Recognized Student Camp –

Location \_\_\_\_\_ Date \_\_\_\_\_ Organizer \_\_\_\_\_

OR

I have completed a Recognized Instructor Course at –

Location \_\_\_\_\_ Date \_\_\_\_\_ Organizer \_\_\_\_\_

I hereby certify that all the information contained in this form is true and correct, and I apply for consideration for initial designation / renewal [circle one] as an SSA Master Cross-Country Instructor in accordance with the Master Cross-Country Instructor *Program Guide* and other applicable rules, which I agree to accept and observe.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**This Form should be sent to SSA, PO Box 2100, Hobbs NM 88241-2100**