



FAI Sporting Code

*Fédération
Aéronautique
Internationale*

Section 9 – Rotorcraft

CLAIM FORM ANNEX, CLASS E

October 2020 Edition
Version 2 March 2024

NOTE: The General Section and Section 2 combined make up the Complete Sporting Code for: Aeroplanes, Jetlift Aeroplanes and Tilt-Wing/Tilt-Engine Aeroplanes.

FEDERATION AERONAUTIQUE INTERNATIONALE
MSI - Avenue de Rhodanie 54 – CH-1007 Lausanne – Switzerland

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Annex 1
Fédération Aéronautique Internationale
CERTIFICATION OF TAKEOFF
- Form 1 -

Pilot/Rotorcraft Information

Name of Pilot: _____
Rotorcraft Registration: _____
Manufacturer: _____
Model: _____

Airport or Start Point Information

Airport Name: _____
City: _____
Identifier: _____
Latitude: _____
Longitude: _____

Official Certification

I hereby certify that takeoff of the rotorcraft was accomplished as follows:

Date (UTC date): _____
(DD-Month-YYYY)

Time of last contact with surface (UTC): _____
(HH:MM:SS)

Time source: _____

Observation taken from: _____

Signature of O.O. or Air Traffic Controller:

Date of Signature: _____

Name: _____

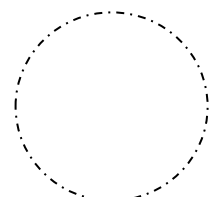
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 2
Fédération Aéronautique Internationale
CERTIFICATION OF START
 - Form 2 -

Pilot/Rotorcraft Information

Name of Pilot: _____

Rotorcraft Registration: _____

Manufacturer: _____

Model: _____

Start Point Information

Name of Start Point (if applicable): _____

Identifier (if applicable): _____

Latitude: _____

Longitude: _____

Official Certification

I hereby certify that the rotorcraft reached the start point as follows:

Date (UTC date): _____
 (DD-Month-YYYY)

Time at start point (UTC): _____
 (HH:MM:SS)

Altitude: _____

Time source: _____

Observation taken from: _____

Signature of OO or Air Traffic Controller:

Date of Signature: _____

Name: _____

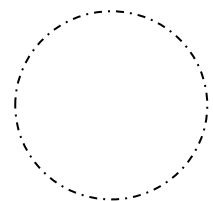
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 3
Fédération Aéronautique Internationale
 DESCRIPTION OF COURSE FLOWN
 - Form 3 -

Pilot/Rotorcraft Information

Name of Pilot: _____
 Rotorcraft Registration: _____
 Manufacturer: _____
 Model: _____

Course Information

Type of Course: ☐ Distance over a closed circuit
☐ Distance
☐ Distance
☐ Speed over closed circuit
☐ Speed around the World ☐ Eastbound ☐ Westbound
☐ Speed over both Earth's Poles
☐ Speed over recognized courses

Course length: _____ km, ☐ with payload

Length Determined by: ☐ Measurement of Course (attach survey report)
☐ Great Circle Distance: ☐ WGS84 (attach calculation)

Official Certification

I hereby certify that the course flown complied with the appropriate record requirements:

Date of record (UTC date): _____
 (DD-Month-YYYY)

Signature of OO: _____

Date of Signature: _____

Name: _____

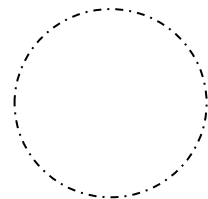
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 4

Fédération Aéronautique Internationale

CERTIFICATION OF TURN / CONTROL POINTS

- Form 4 -

Pilot/Rotorcraft Information

Name of Pilot: _____

Rotorcraft Registration: _____

Manufacturer: _____

Model: _____

Turn/Control Point Information and Official Certification

I hereby certify that the Rotorcraft rounded or reached the turn/control point(s) as follows:

Point 1

Name/Identifier: _____ Date (UTC date): _____
(DD-Month-YYYY)

Latitude: _____ Time (UTC): _____
(HH:MM:SS)

Longitude: _____

Point 2

Name/Identifier: _____ Date (UTC date): _____
(DD-Month-YYYY)

Latitude: _____ Time (UTC): _____
(HH:MM:SS)

Longitude: _____

Point 3

Name/Identifier: _____ Date (UTC date): _____
(DD-Month-YYYY)

Latitude: _____ Time (UTC): _____
(HH:MM:SS)

Longitude: _____

Time source: _____

Observation taken from: _____

Signature of O.O. or Air Traffic Controller:

Date of Signature: _____

Name: _____

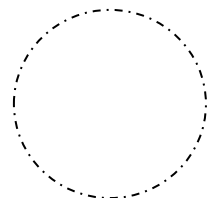
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 5

Fédération Aéronautique Internationale

CERTIFICATION OF INTERMEDIATE LANDING AND TAKEOFF

- Form 5 -

Pilot/Rotorcraft Information

Name of Pilot: _____

Rotorcraft Registration: _____

Manufacturer: _____

Model: _____

Airport Information

Airport Name: _____

City: _____

Identifier: _____

Latitude: _____

Longitude: _____

Official Certification*I hereby certify that landing of the Rotorcraft was accomplished as follows:*

Date (UTC date): _____ (DD-Month-YYYY)

Time of first contact with surface (UTC): _____ (HH:MM:SS)

I hereby certify that takeoff of the Rotorcraft was accomplished as follows:

Date (UTC date): _____ (DD-Month-YYYY)

Time of last contact with surface (UTC): _____ (HH:MM:SS)

Time source: _____

Observation taken from: _____

Signature of O.O. or Air Traffic Controller: _____

Date of Signature: _____

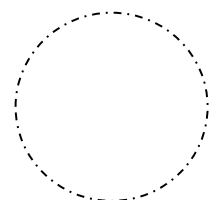
Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:



Annex 7
Fédération Aéronautique Internationale
CERTIFICATION OF LANDING
- Form 7 -

Pilot/Rotorcraft Information

Name of Pilot: _____
Rotorcraft Registration: _____
Manufacturer: _____
Model: _____

Airport or Finish Point Information

Airport Name: _____
City: _____
Identifier: _____
Latitude: _____
Longitude: _____

Official Certification

I hereby certify that landing of the Rotorcraft was accomplished as follows:

Date (UTC date): _____ (DD-Month-YYYY)

Time of first contact with surface (UTC): _____ (HH:MM:SS)

Time source: _____

Observation taken from: _____

Signature of O.O. or Air Traffic Controller: _____

Date of Signature: _____

Name: _____

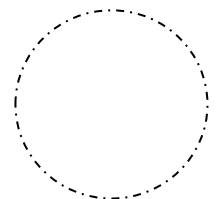
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 8
Fédération Aéronautique Internationale
CERTIFICATION OF ALTITUDE
 - Form 8 -

Pilot/Rotorcraft Information

Name of Pilot: _____
 Rotorcraft Registration: _____
 Manufacturer: _____
 Model: _____

Altitude Information

Type of Record:

- ☐ Altitude, ☐ Altitude with Payload, ☐ Highest Take-Off,
☐ Greatest Mass carried to a height of 2'000m,
☐ Time to Climb, ☐ Time to Climb with Payload,

Official Certification

I hereby certify that the altitude was reached as follows:

Altitude reached: _____

Method of determining altitude:

☐ Altimeter ☐ Radar ☐ Barograph ☐ Other (describe)

Time of Lift Off (Time to Climb only) (UTC): _____ (HH:MM:SS)

Time upon reaching altitude (UTC): _____ (HH:MM:SS)

Date of record (UTC date): _____ (DD-Month-YYYY)

Signature of O.O.: _____

Date of Signature: _____

Name: _____

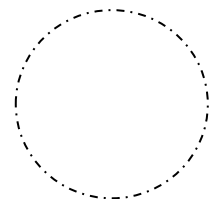
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 9

Fédération Aéronautique Internationale

CERTIFICATION OF FLIGHT REQUIREMENTS

- Form 9 -

Pilot/Rotorcraft Information

Name of Pilot: _____

Rotorcraft Registration: _____

Manufacturer: _____

Model: _____

Official Certification

I hereby certify that the following flight requirements were met:

Signature of O.O.: _____

Date of Signature: _____

Name: _____

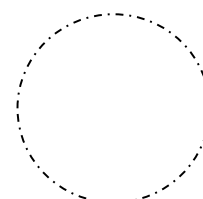
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 10

Fédération Aéronautique Internationale

CERTIFICATION OF BAROGRAPH / FR HANDLING

- Form 10 -

Pilot/Rotorcraft Information

Name of Pilot: _____

Rotorcraft Registration: _____

Manufacturer: _____

Model: _____

Barograph / Flight Recorder Information

Equipment Make: _____ Serial Number: _____

Drum rotation rate or sampling rate: _____

Date of last calibration: _____

Official Certification

I hereby certify that the equipment was installed in the Rotorcraft as follows:

Location: _____

Elevation: _____ Temperature: _____ Altimeter Setting: _____

Date (UTC date): _____ (DD-Month-YYYY)

Time of starting the equipment (UTC): _____ (HH:MM:SS)

I hereby certify that the equipment was removed from the Rotorcraft as follows:

Location: _____

Elevation: _____ Temperature: _____ Altimeter Setting: _____

Date (UTC date): _____ (DD-Month-YYYY)

Time of stopping equipment (UTC): _____ (HH:MM:SS)

Time source: _____

Signature of O.O.: _____

Date of Signature: _____

Name: _____

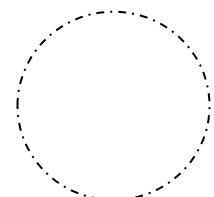
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 11
Fédération Aéronautique Internationale
 CERTIFICATION OF WEIGHT
 - Form 11 -

Pilot/Rotorcraft Information

Name of Pilot: _____

Rotorcraft Registration: _____

Manufacturer: _____

Model: _____

Weight Information

Empty Weight of Rotorcraft: _____

Weight of Fuel: + _____

Weight of Payload: + _____

Weight of Pilot and Crew: + _____

Weight of Rotorcraft at takeoff: = _____

Official Certification

I hereby certify that the Rotorcraft weight was determined as follows:

☐ Scales ☐ Rotorcraft Manual ☐ Other (Describe)

Date weight was determined (UTC date): _____ (DD-Month-YYYY)

Signature of O.O.: _____

Date of Signature: _____

Name: _____

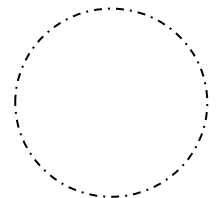
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 12
Fédération Aéronautique Internationale
 CERTIFICATION OF REFUELLING
 - Form 12 -

Pilot/Rotorcraft Information

Name of Pilot: _____
 Rotorcraft Registration: _____
 Manufacturer: _____
 Model: _____

Refueling Information

- ☐ The flight was accomplished with refueling.
- Place of refueling:
- ☐ on the ground (specify location): _____
- ☐ in flight (specify location): _____
- ☐ The flight was accomplished without refueling.
- ☐ The fuel tanks were sealed before takeoff.
- ☐ The seals were intact at termination of the record attempt.
- ☐ The Rotorcraft had no capability to undertake in-flight refueling.

Official Certification

I hereby certify that refueling was accomplished as noted above:

Date of record (UTC date): _____
 (DD-Month-YYYY)

Signature of O.O.: _____

Date of Signature: _____

Name: _____

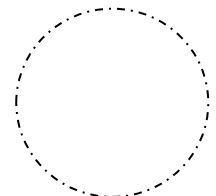
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 13
Fédération Aéronautique Internationale
 CERTIFICATION OF FLIGHT CREW
 - Form 13 -

Pilot/Rotorcraft Information

Name of Pilot: _____
 Rotorcraft Registration: _____
 Manufacturer: _____
 Model: _____

Crew Information

Name: _____
 FAI Sporting License: _____ Validity: _____ (DD-Month-YYYY)
 Position/Duties: _____

- ☐ On board during the entire flight
☐ Not on board during the entire flight (specify)

Name: _____
 FAI Sporting License: _____ Validity: _____ (DD-Month-YYYY)
 Position/Duties: _____

- ☐ On board during the entire flight
☐ Not on board during the entire flight (specify)

Official Certification

I hereby certify that the crew information given above is correct and complete:

Date of record (UTC date): _____
 (DD-Month-YYYY)

Signature of O.O.: _____

Date of Signature: _____

Name: _____

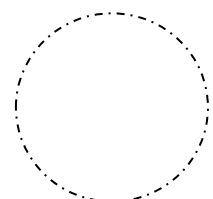
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 14
Fédération Aéronautique Internationale
CERTIFICATION OF PAYLOAD
- Form 14 -

Pilot/Rotorcraft Information

Name of Pilot: _____

Rotorcraft Registration: _____

Manufacturer: _____

Model: _____

Official Certification*I hereby certify that the following payload was carried during the record flight**(indicate also the payload changes made during the flight, if any)*

Signature of O.O.: _____

Date of Signature: _____

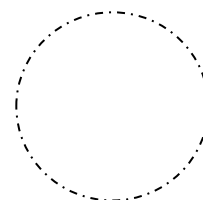
Name: _____

Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:



Annex 15
Fédération Aéronautique Internationale
 CERTIFICATION OF TRANSITION FROM / TO
 HORIZONTAL FLIGHT
 - Form 15 -

Pilot/Rotorcraft Information

Name of Pilot: _____
 Rotorcraft Registration: _____
 Manufacturer: _____
 Model: _____

Airport or Finish Point Information

Airport Name: _____
 City: _____
 Identifier: _____
 Latitude: _____
 Longitude: _____

Official Certification

I hereby certify that transition of the Tilt Rotor flight was accomplished as follows:

☐ from vertical to horizontal flight ☐ from horizontal to vertical flight

Date (UTC date): _____ (DD-Month-YYYY)

Time of first contact with surface (UTC): _____ (HH:MM:SS)

Time source: _____

Observation taken from: _____

Signature of O.O.: _____

Date of Signature: _____

Name: _____

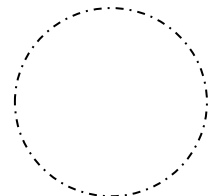
Title: _____

Address: _____

E-mail: _____

Telephone: _____

Please return this form directly to:





Annex 16

Fédération Aéronautique Internationale

RECORD CLAIM STATEMENT

Pilot Information

Surname: _____ First name: _____
 FAI Sporting License: _____ Validity: _____ (DD-Month-YYYY)
 Issued by: _____
 Name of Crew/Copilot: _____

Rotorcraft Information

Registration: _____
 Manufacturer: _____ Model: _____
 Weight (ref. 4.4.): _____
☐ Actual takeoff weight ☐ Certified maximum takeoff weight

Powerplant Information

Manufacturer: _____ Model: _____
 Power: _____ Number of Engines: _____
 Type: ☐ Piston (Group I) ☐ Turbine (Group II) ☐ Mixed Propulsion (Group III)

Record Information

Class: ☐ E-1 Helicopters ☐ E-2 Tilt Rotor ☐ E-3 Autogyros
 Category: ☐ General ☐ Feminine
 Weight Classification (Sub-Class): _____
 Date of Record (UTC date, DD-Month-YYYY): _____
 Type of Record: _____ (as per SC9 - 3.1)
 Record Course: _____
 Performance: _____ (altitude in meters, distance in km, speed in km/h)

NAC Certification

This is to certify that this national record was established in accordance with the rules and regulations of the FAI Sporting Code, General Section and the FAI Sporting Code Section 9, and was properly controlled and measured by qualified officials.

NAC Claiming Record: _____
 Name of NAC Official: _____
 Title: _____
 Signature: _____
 Date of Signature: _____

Please return this form directly to:

