

National Association of Flight Instructors

NAFI MASTER FLIGHT INSTRUCTOR APPLICATION

(Form MI-1)

Name: Last Woods First Helen	Middle Emily Preferred
Street address 15033 Courtland Place	NAFI# 23577
city Laurel	State MD Zip+4 2070-7
Telephone: Business: 410-604-1717 Home	
How would you like your name to appear on your plaque	? Helen Woods
Instructor Ratings / Designations:	
Airplane SEL / SES Airplane MEL / MES Glider Instrument airplane Instrument helicopter Rotorcraft helicopter Rotorcraft gyroplane Other airman certificates/ratings: Approximate flight hours: 4900 Instruction	Advanced ground instructor Instrument ground instructor t chief FAA/ Industry Pilot Examiner FAA Safety Team Rep
Light Sport, Seaplane, Sea Rusty Pilot	
Date of last NAFI Master Flight Instructor accreditation (if Date of <u>initial</u> flight / ground instructor certification: Date of <u>current</u> flight instructor certificate expiration (if a	Month: 2 Year: 2006 pplicable): Month: 2 Year: 2016
Airport names & identifiers where you do most of your in	Bay Bridge struction? W29, Wye River Chester Rive



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(Form MI-1 Continued)

Part 61 F1	-	ol, college, pt 142 school, etc. or are you independent?
Your aviation positio	n & title: 04	uner and Cheif flight Instructor
Is your aviation instr	uction part-time	e or full-time?
If aviation is not you	full-time occup	pation, please provide your full time employment and title?
		aviation organizations (i.e., AOPA ASN, CAP, EAA etc):
Member Ao		
Awards or special rec	cognition: 20	14+2015 AOPA Outstanding Flight School
2014 Balt	more Dis	strict and Eastern Region CFI of the Year
Yes O In the preceding 5 yes Yes O NOTE: If you are approach as certified logs	No N	If yes, please attach a detailed written explanation and documentation. If yes, please attach a detailed written explanation and documentation. Peen convicted of a civil or criminal offense? If yes, please attach a detailed written explanation and documentation. AFI Master Flight Instructor designation, you MUST attach documentation Part 135, 121 or 142 company records indicating that you have given a simulator or approved ATD/FTD instruction
misrepresentation of present and past en instructor certification Review information necessary. Applicant's signature	of facts may resonable for and law enformation about me from	tion submitted is true, correct and complete. I understand that any sult in denial of NAFI Master Flight Instructor accreditation. I authorize ederal Aviation Administration, industry organizations issuing pilot and /or proceder agencies to disclose to the NAFI Master Flight Instructor Board of a the records in their possession, and provide copies of that information as Date: **Date:** **Date: