

Tripoli Central California

RSO INITIALS: _____

PAD: _____

DATE: _____ ROD/ RAIL SIZE: _____
CERTIFICATION FLIGHT? _____ LEVEL 1 2 3 PREFECT/ TAP OBSERVER: _____
YOUR NAME/ CITY: _____ TRIPOLI/ NAR #: _____ CURRENT CERT LEVEL: _____
ROCKET NAME: _____ COLOR: _____ 1ST FLIGHT OF ROCKET? _____
ROCKET LENGTH: _____ DIAMETER: _____ LIFTOFF WEIGHT: _____ LBS _____ OZ
ROCKET BUILT FROM: KIT MANUFACTURER: _____ CUSTOM MODIFICATIONS: _____
MOTOR(S): _____ IGNITER TYPE/ OHMS _____
RECOVERY: MOTOR EJECTION ELECTRONICS (MAIN ONLY) DUAL DEPLOYMENT OTHER _____
ELECTRONICS: _____ ALTIMETER READING _____ FT

I CERTIFY THAT THE ASSEMBLY AND INSTALLATION OF THIS MOTOR IS PER THE MANUFACTURERS PRINTED INSTRUCTIONS AND THAT THE CONSTRUCTION AND RECOVERY SYSTEM OF THIS ROCKET IS PER THE TRIPOLI SAFETY RULES

PLEASE SIGN HERE: _____ CHECK HERE FOR ADDITIONAL NOTES ON REVERSE SIDE.

LCO POST FLIGHT EVALUATION: GOOD FLIGHT MOTOR FAILURE IN FLIGHT FAILURE RECOVERY FAILURE

LCO COMMENTS : _____

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