



# AIRCRAFT MECHANICS FRATERNAL ASSOCIATION

National Office: 14001 E. Iliff Avenue, Suite 217 • Aurora, CO 80014  
Tel: 303.752.AMFA (2632) • Fax: 303.362.7736

## AMFA Accident/Incident Team Application Form

PLEASE PRINT

NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_ LOCAL \_\_\_\_\_

STATION: \_\_\_\_\_ BID/WORK LOCATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL OR MEDICAL CONDITIONS THAT COULD OR WILL HINDER YOUR SERVICE ON THIS TEAM?

YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU PREVIOUSLY RECEIVED HEPATITIS B & C INOCULATIONS ?  YES DATE: \_\_\_\_\_  NO

CERTIFICATES HELD (CHECK ALL THAT APPLY):  AIRFRAME  POWERPLANT  R&E AVIONICS

WELDING  MACHINIST

CURRENT AREA(S) OF EXPERTISE: (A/C TYPE, SYSTEMS, STRUCTURES, ENGINE, ETC.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OTHER AREA(S) OF EXPERTISE OR OTHER APPLICABLE BACKGROUND INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

YOUR PERSONAL REASONS FOR WANTING TO BE A MEMBER OF THE AMFA ACCIDENT/INCIDENT INVESTIGATION TEAM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WILL YOU BE AVAILABLE TO INTERVIEW FOR THIS POSITION?  YES  NO

I HAVE READ AND UNDERSTAND THE QUALIFICATION REQUIREMENTS TO BE AN AMFA ACCIDENT/INCIDENT TEAM VOLUNTEER.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_