
Date

Application for

☐ Continuation ☐ Initial Inclusion ☐ Reinstatement after a lapse of (2 years or less) ☐ Reinstatement after removal for cause

Name

Company

ICAS #

Mailing Address

City

State/Province

ZIP

Country

Email

Phone

Part I ANNUAL CONTINUATION Applicants on the current list applying for continuation on the list.

1. Please list the air shows during this last calendar year for which you served as SIC using classification 1.1 high explosives specifically for air show special effects.
2. Did you have any incidents involving damage to people or property in the course of your airshow special effects work during these past five calendar years? If yes, please describe the incident as factually as possible, using additional sheets if necessary. (If described on a previous application, state "See previous application")

Part II INITIAL INCLUSION Applicants not on the current list applying for initial inclusion on the list.

1. I have served a minimum three year apprenticeship under a currently qualified ICAS SIC. If yes, provide the name and telephone or e-mail for this SIC: ☐ Yes ☐ No
2. During this apprenticeship, I have actually worked with the set-up and shooting of special effects explosives at a total of at least 20 air shows. If yes, provide a notarized statement from the supervising SIC attesting to this fact. ☐ Yes ☐ No
3. Did you have any incidents involving damage to people or property in the course of your airshow special effects work during this past calendar year? If yes please describe the incident as factually as possible, using additional sheets if necessary. ☐ Yes ☐ No

Part IV Applicants requesting reinstatement after removal for cause

1. I have taken a written exam on the ICAS Pyro Safety Guidelines, the situation that led to my removal for cause and achieved a score of 80% or more. If yes, attach copy of letter from Pyro Safety Subcommittee confirming score. ☐ Yes ☐ No
2. I have served an additional apprenticeship under an ICAS qualified SIC at a minimum of at least 3 shows after which, the supervising SIC certified to the Pyro Safety Subcommittee my readiness for a proficiency evaluation. ☐ Yes ☐ No
3. I have completed a proficiency evaluation conducted by a qualified SIC, selected by the Chair of the ICAS Safety Committee and the reviewer reported his or her findings to the Chair of the Pyro Safety Subcommittee. ☐ Yes ☐ No
4. Did you have any incidents involving damage to people or property in the course of your air show special effects work during this past calendar year? If yes please describe the incident as factually as possible, using additional sheets if necessary. ☐ Yes ☐ No

Part V To be completed by all applicants

Attach a voided copy of your current, valid US or Canadian Federal Permit as a user or manufacturer of high explosives, and a copy of your insurance cover page showing current, valid liability insurance specifically for air show special effects liability.

By signing below, I certify that I am currently a member in good standing of the International Council of Air Shows and that the above information is true and accurate. I am aware of the definition of an incident as used in these guidelines, and I further understand that making any false representations will be grounds for having my name permanently removed from the ICAS ACC "Shooter in Charge" list.

Signature

Date

Mail, or email the completed Application to: ICAS, 205 Van Buren St., Suite 120, PMB 243, Herndon, VA 20170
Email: connors@airshows.aero