The Society of Experimental Test Pilots
P.O. Box 986, Lancaster, CA 93584-0986

01-661-942-9574
Email: setp@setp.org
Web Site: www.setp.org

SETP Office Record (SETP HQ use only)	
Serial #:	
Received:	
M.C. Report:	
Grade:	

Member or Associate Member Application

1. Applicant Information

Last Name/Surname(s)	First Name/Given Name	Middle Name	Suffix	Birth Date

Employer	Position	Title/Rank

2. References (Three minimum, additional references may be attached)

Name/SETP grade/Position	Contact Information (email, phone, address)

3. SETP Grade Requested (Select one)

Select	Complete these sections of the form:	1A	1B	2A	2B	3A	3B
	Member	X		Either			X
	Upgrade to Member from Associate Member			Either			X
	Member (as Astronaut)	X		Either		X	
	Associate Member	X		Either			X
	Associate Member (as Astronaut)		X	X			

4. Contact Information and Correspondence Preferences

	Home	Business
Address Line 1		
Address Line 2		
City		
State/Province/Etc.		
Zip/Postal Code		
Nation		
Phone		
Email		

What is your preferred address for SETP correspondence? (Home is default.) ■Home ☐Business

6. Statement of Intent and Signature

a. I hereby apply for membership in the Society of Experimental Test Pilots.
b. The information provided on this application is true and correct to the best of my knowledge.
c. I am willing to accept membership at any grade as elected by the Membership Committee.
d. If elected, I agree to conform to the SETP Constitution, By-Laws, and Code of Professional Ethics.

Signature	Date

Section 1A: Current Active Engagement in a Qualifying Role

Applies to initial applications for Member, Member (as Astronaut), and Associate Member

1. Active Engagement (Member and/or Associate Member)	
☐YES ☐NO	Are you qualified and current for conducting experimental or developmental flight test as a pilot in the cockpit of a manned aerospace vehicle? (Applies to Member or Associate Member.)
Aerospace Vehicle(s):	**Current Flight Test Qualification(s)**
☐YES ☐NO	Are you qualified and current for conducting production flight testing as a pilot in the cockpit of a manned aerospace vehicle? (Applies to Associate Member.)
Aerospace Vehicle(s):	**Current Production Flight Test Qualification(s)**
☐YES ☐NO	Are you qualified and current for conducting engineering evaluations, performance flights and related tests in the cockpit of a manned aerospace vehicle? (Applies to Associate Member.)
Aerospace Vehicle(s):	**Current Applicable Qualification(s)**

Section 1B: Current Active Engagement as an Astronaut Trainee

Applies to initial applications for Associate Member (as Astronaut)

1. Active Engagement (Associate Member)			
☐YES ☐NO	Are you a pilot actively engaged in astronaut training for an experimental or developmental space program?		
☐YES ☐NO	Have you been in this training program for at least 12 months?		
Aerospace Vehicle(s):	**Mission Description:**	**Type of Training:**	**Date Entered Training:**

Section 2A: Test Pilot Professional Knowledge

Applies to all initial applications and for upgrade to Member from Associate Member.

1. Recognized TPS Graduate			
☐YES ☐NO	Are you a graduate of a manned test pilot long course provided by an SETP-recognized test pilot school? - Course length must be no less than 10 months. - SETP-recognized test pilot schools are published at www.SETP.org.		
Test pilot school:	**Course completed:**	**Entry date:**	**Graduation Date:**

2. EASA Test Pilot Qualification		
☐Cat 1 ☐Cat 2 ☐Neither	Do you hold an EASA Test Pilot Category 1 or 2 certificate?	
License Number:	**Flight Test Pilot Cat 1 Date:**	**Flight Test Pilot Cat 2 Date:**

Section 2B: Test Pilot Professional Knowledge in Lieu of Section 2A

Part 1

Applies to initial applications for Member, Member (as Astronaut), and Associate Member.
Applies to upgrade to Member from Associate Member

1. Relevant Post-Secondary and Professional Education		
School:	**Degree/Major/Focus:**	**Graduation Date:**

2. Relevant Flying Experience			
Aircraft:	**Manned?**	**Qualifications:**	**Appr. Flight Hours:**
All manned	Yes	Total hours as a student, copilot, instructor/evaluator pilot, or pilot in command.	
All unmanned	No	Total hours as a student, copilot, instructor/evaluator pilot, or pilot in command.	

3. Relevant Certified Aeronautical Achievements		
Achievement	**Certifying Agency:**	**Date:**

Section 2B: Substantiating Test Pilot Professional Knowledge in Lieu of Section 2A Part 2

Applies to initial applications for Member, Member (as Astronaut), and Associate Member.
Applies to upgrade to Member from Associate Member

4. Relevant Professional Experience			
Agency/Company:	**Position:**	**Duties:**	**Dates:**

5. Relevant Publications and Contributions to Scientific Knowledge and Flight Testing			
Title:	**Publisher/Event:**	**Location:**	**Date:**

Section 3A: Qualifying Space Flight

Applies to applications for Member (as Astronaut)

1. Qualifying Space Flight (Member)			
☐YES ☐NO	Were you qualified to take in-the-loop control of the vehicle trajectory during the flight, and was your position as a pilot procedurally required?		
☐YES ☐NO	Did the flight achieve an altitude of at least 50 miles?		
Space Vehicle(s):	**Mission Description:**	**Crew Position:**	**Mission Date:**

Section 3B: Manned Flight Test Experience

Applies to initial applications for Member and Associate Member.
Applies to upgrade to Member from Associate Member.

Last Name/Surname
Page 1 of

1. Qualifying Sorties (add additional pages as required)

Date of First Flight / Date of Last Flight	Aircraft:	Flts:	Crew Pos:	Type(s) of Testing*:		Description of Testing	Office Use
					E/DV		
					E/DA		
					P		
					EE		
					E/DV		
					E/DA		
					P		
					EE		
					E/DV		
					E/DA		
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					P		
					EE		
					E/DV		
					E/DA		
					P		
					EE		

* E/DV: Experimental or developmental test of an aerospace vehicle and/or its engines.
E/DA: Experimental or developmental test of the associated components of an aerospace vehicle.
P: Production flight test.
EE: Engineering evaluations, performance flights, or related tests.