

New Jersey Aviation Hall of Fame & Museum
Inductee Candidate Form

Name: _____			Date: _____
Last	First	Middle	
Date of Birth: _____		Deceased? Y N	
FAA Ratings: _____ _____ _____			
Employment History: _____ _____ _____ _____ _____			
Military Service: Y N Branch: _____ Dates: _____			
New Jersey Connection: _____ _____ _____			
Noteworthy Accomplishments: _____ _____ _____			
Contact for data: _____ _____			
Submitted By: _____			
Attachments and Supporting Data: _____			