

CONTRACTOR CREWMEMBER RECORD

Form Approved
OMB No. 0704-0188

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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8012, 44 USC 3101, and EO 9397, November 1943 (SSN).

PURPOSE AND USE: To record individual contractor flight crew personnel records and approval to operate Government aircraft. Serves as a record of approval of private contractor personnel who will operate Government aircraft.

DISCLOSURE: Voluntary; however, failure to complete form will prevent approval of contractor flight crew members from operating Government aircraft.

NAME OF CREWMEMBER <i>(First, last, middle initial)</i>	CONTRACTOR REPRESENTED <i>(Name and address)</i>
IDENTIFY CREW POSITION <input type="checkbox"/> TEST _____ <input type="checkbox"/> SUPPORT <input type="checkbox"/> FUNCTIONAL _____ <input type="checkbox"/> OTHER <i>(Specify)</i>	
MISSION, DESIGN AND SERIES AIRCRAFT OR OTHER REQUIREMENT FOR THIS QUALIFICATION	BASE OR LOCATION WHERE QUALIFICATION ACCOMPLISHED

INITIAL QUALIFICATION REQUALIFICATION

SECTION I - FLIGHT EXPERIENCE *(Time to nearest hour)*

FLYING TIME ABOVE TYPE								TOTAL FLYING TIME	
JET _____ HRS		TURBO PROP _____ HRS		RECIPROCATING _____ HRS		ROTARY _____ HRS		0	
MISSION DESIGN AND SERIES AIRCRAFT	PERIOD OF TIME	IP	1ST PILOT				COPILOT	AIRCRAFT COMMANDER	OTHER CREW MEMBERS <i>(Specify)</i>
			TOTAL	WX	HOOD	NIGHT			
	LAST 12 MOS								
	LAST 4 YRS								
	TOTAL	0	0	0	0	0	0	0	0
	LAST 12 MOS								
	LAST 4 YRS								
	TOTAL	0	0	0	0	0	0	0	0
	LAST 12 MOS								
	LAST 4 YRS								
	TOTAL	0	0	0	0	0	0	0	0
	LAST 12 MOS								
	LAST 4 YRS								
	TOTAL	0	0	0	0	0	0	0	0
	LAST 12 MOS								
	LAST 4 YRS								
	TOTAL	0	0	0	0	0	0	0	0
	LAST 12 MOS								
	LAST 4 YRS								
	TOTAL	0	0	0	0	0	0	0	0

SECTION II - FLIGHT CHECK <i>(Instructor fill in remarks where applicable)</i>			
1. PREFLIGHT INSPECTION AND FORMS		7. IN-FLIGHT EMERGENCY PROCEDURES	
2. EMERGENCY ESCAPE PROCEDURES		8. PRELANDING CHECK, TRAFFIC PATTERN AND LANDINGS	
3. PRESTART COCKPIT PROCEDURE AND ENGINE START		9. POSTFLIGHT INSPECTION	
4. COMMUNICATIONS AND TAXI PROCEDURES		10. ACCOMPLISHMENT OF FORMS AND AIRCRAFT SECURITY	
5. PRETAKEOFF COCKPIT CHECK AND ENGINE RUNUP		11. INSTRUMENT PROFICIENCY CHECK	
6. TAKEOFF AND FLIGHT PROCEDURES		12. OTHER <i>(Specify)</i>	

SECTION III - ADDITIONAL REQUIREMENTS *(Fill in where applicable)*

REQUIREMENT	CHECKED BY	GRADE	DATE AND PLACE	HOURS
13. PHYSICAL EXAMINATION				
14. PHYSIOLOGICAL/ATTITUDE INDOCTRINATION				
15. PRESSURE SUIT TRAINING				
16. GROUND SCHOOL <i>(By Subject)</i>				
AIRCRAFT GENERAL				
AIRCRAFT PREFLIGHT				
AIRCRAFT EMERGENCY PROCEDURE				
ENGINE SYSTEM				
OXYGEN SYSTEM				
AIR CONDITIONING				
PRESSURIZATION				
FUEL SYSTEM				
INSTRUMENT SYSTEM				
ELECTRICAL SYSTEM				
HYDRAULIC POWER SYSTEM				
UTILITY SYSTEM				
FLIGHT CONTROL SYSTEM				
AUTO PILOT SYSTEM				
ENGINE				
COMMUNICATIONS & NAVIGATION				
ROTARY SYSTEM				
OTHER REQUIREMENTS AS STATED				
IN APPROVED CONTR OPR PROCD				
17. QUESTIONNAIRE ON AIRCRAFT				
18. FLIGHT SIMULATOR				
19. SURVIVAL SCHOOL				
20. OTHER <i>(Specify)</i>				

21. HAVE YOU EVER HAD AN AIRCRAFT ACCIDENT *(as defined by FAR or military procedures)* OR PHYSIOLOGICAL REACTION *(e.g., hypoxia, decompression sickness, hyperventilation, spatial disorientation)* AS A PILOT, OR OTHER CREW MEMBER? *(If yes, explain.)*

22. HAVE YOU EVER BEEN CHARGED WITH A FLYING VIOLATION? *(If so, state the violation and circumstances.)*

23. REMARKS *(For additional space use blank sheet.)*

CERTIFICATION OF QUALIFICATION

This is to certify that _____
(Name and Crew Position)
 has satisfactorily completed the training or special qualification indicated hereon:

YEAR	TRAINING OR SPECIAL QUALIFICATIONS	DATE COMPLETED	CERTIFYING OFFICIAL
	GROUND PHASE		
	WRITTEN EXAMINATION		
	EMERGENCY PROCEDURES		
	CONTRACTOR FLIGHT OPERATIONS PROCEDURES		
	EGRESS TRAINING		
	PHYSIOLOGICAL TRAINING		
	OTHER <i>(Specify) 1</i>		
	FLIGHT PHASE		
	PROFICIENCY		
	INSTRUMENT		
	OTHER <i>(Specify) 1</i>		
	GROUND PHASE		
	WRITTEN EXAMINATION		
	EMERGENCY PROCEDURES		
	CONTRACTOR FLIGHT OPERATIONS PROCEDURES		
	EGRESS TRAINING		
	PHYSIOLOGICAL TRAINING		
	OTHER <i>(Specify) 1</i>		
	FLIGHT PHASE		
	PROFICIENCY		
	INSTRUMENT		
	OTHER <i>(Specify) 1</i>		

1 Formation, Refueling, Night or other special maneuver requirements.

SECTION IV - CERTIFICATIONS

I certify that I have read and understand all pertinent technical orders, handbooks, contractor's operating procedures, and pilot's operating instructions pertaining to the above aircraft.

DATE	SIGNATURE OF CREWMEMBER
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The above named crewmember has/has not demonstrated proficiency in, and has/has not a satisfactory knowledge of _____ MDS aircraft and has/has not satisfactorily completed the flight requirements for the type of flight check indicated above, and is/is not fully qualified in this type aircraft.

The checkout consisted of _____ hours dual, _____ hours solo, _____ landings from right *(or rear)* seat, and _____ landings from left *(or front)* seat.

DATE	BASE OR HOME STATION OF INSTRUCTOR	TYPED OR PRINTED NAME OF INSTRUCTOR
		SIGNATURE OF INSTRUCTOR