

MULTIPLE QUALIFICATION REQUEST AND AUTHORIZATION**PRIVACY ACT STATEMENT**

AUTHORITY: 27 U.S.C. 301a, Public Law 92-204; Public Law 93-570; Public Law 93-294; DODD 7730.57

PRINCIPAL PURPOSE: To record authorization to perform aircrew/operational support duties in AFMC aircraft.

ROUTINE USE: May be disclosed for any of the blanket routine uses published by the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may prevent authorization to perform duties in AFMC aircraft.

I AIRCREW MEMBER IDENTIFICATION					
1. NAME			2. GRADE		3. SSN
4. ASSIGNED UNIT			5. AERONAUTICAL RATING		6. DUTY AFSC

II PRESENT AIRCRAFT QUALIFICATIONS						
7. TYPE AIRCRAFT	8. CREW POSITION	9. TIME IN MODEL/DESIGN	10. INITIAL CHECKOUT DATE	11. HOURS/SORTIES (last 6 months)	12. DATE LAST FLOWN	13. NUMBER OF QUAL/INSTRUCT/EVAL AIRCREW IN UNIT FOR THE AIRCRAFT WHICH QUALIFICATION IS PROPOSED

III ADDITIONAL QUALIFICATION REQUESTED						
14. TYPE AIRCRAFT	15. CREW POSITION	16. TIME IN MODEL/DESIGN	17. INITIAL CHECKOUT DATE	18. HOURS/SORTIES (last 6 months)	19. DATE LAST FLOWN	20. NUMBER OF QUAL/INSTRUCT/EVAL AIRCREW IN UNIT FOR THE AIRCRAFT WHICH QUALIFICATION IS PROPOSED

IV JUSTIFICATION			
21. JUSTIFICATION <i>(Explain operational requirement for this additional qualification request)</i>			
22. DATE	23. OG/CC NAME, RANK		24. SIGNATURE
25. ACTION OFFICER		RANK	PHONE

V UNIT WING COMMANDER			
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> APPROVED			
26. DATE	27. WGCC NAME, RANK		28. SIGNATURE

VI JUSTIFICATION			
29. COMMENTS			

<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> APPROVED			30. CONTROL NUMBER	31. EXPIRATION DATE
32. DATE	33. NAME, GRADE, TITLE		34. SIGNATURE	

VI. HQ AFMC/A3	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
35. COMMENTS	

36. DATE	37. NAME, GRADE, TITLE	38. SIGNATURE	OG/CC ANNUAL REVIEW (Sept)	