

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. DoD ID |
| 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. ACTION OFFICER (Name, Grade, Title, Phone Number) | | |
| 23. DATE | 24. OG/CC NAME, RANK | 25. SIGNATURE |

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

| VI HQ AFMC/A3V | | |
|--|------------------------|---------------------|
| 29. COMMENTS | | |
| <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> APPROVED | | 30. CONTROL NUMBER |
| 32. DATE | | 31. EXPIRATION DATE |
| 32. DATE | 33. NAME, GRADE, TITLE | 34. SIGNATURE |

| VII HQ AFMC/A3 | | VIII ANNUAL REVIEWS | |
|--|--|------------------------|---------------|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | Review Date | Signature |
| 35. COMMENTS | | | |
| 36. DATE | | 37. NAME, GRADE, TITLE | 38. SIGNATURE |
| | | | |