FS-5700-20a (Rev. 03/2008)

			ON	⁄IВ 0596-	0015 (Omission	of Exp.	date approved	d by OMB)			
OREST SERVICE						Contract Number:						
						JSFS: DOI:						
(R	Reference FS	SH 5709.12)										
1. Name (Last, First, Middle Initial)	TION I - I	Pilot Information (to be filled 2. Date		ilot seeki	ng appi		Talanhone	Number				
1. Name (Last, Filst, iviluale limbal)		Z. Date	01 Birur			3. Primary	Telepriorie) Number				
4. Home Address (Street, City, State & ZIP Code)						5. E-Mail A	ddress					
6. Employed By 7. Address				8. Tele	8. Telephone No. 9. Employed Since							
10. Previous Employer 1	11. Address			12. Telephone No.			13. Period Employed					
14. Previous Employer 1	15. Address			16. Telephone No.				to od Employed				
18. Medical Certificate: Class		Date	19. Most	to 19. Most Recent Interagency Pilot Card Information								
Limitations:						e Issued: Expiration:						
Limitations.							•					
20. Airman Certificate: Commercial		ATP CFI	Insp. Nan 21. Most I		Agency: ent Interagency Flight Evaluation Information							
السان Other Ratings	3:	, . <u></u> ,		luation Con		•						
					uucio		Ane	ency:				
Helicopter Pilot-in-Command	PIC	22. Aircraft accidents / FAA violati	Insp. Nantions within		years:				Yes			
Flight Time & Type of Flight	Hours	(if Yes, explain in box 38)			·							
24. Total Helicopter PIC	Only	23. Has a Previous Interagency P (Check those that apply and expla			Der	ied [Suspend	led [[]]Rev	voked			
25. Weight Class		(а)	411 111 22	(b)			(c) PIC H	ours for Column "a	a" A/C			
under 7,000		Make, Model & Series		re you Typ		1	2	Mountainous	Preceding			
7,000 to 12,500 over 12,500		seeking approval in 33.	 	for column Yes	"a" A/C	Aircia	aft Total	Terrain	12 months			
26. Turbine Engine (PIC helicopter)		34.	- 	Yes	∏ No							
27. Reciprocating Engine (PIC helicopter)		35.		Yes	No							
28. Preceding 12 months (PIC helicopter)		36.	[Yes	No	<u> </u>						
29. Preceding 90 days (PIC helicopter)		37.	(-ttooh s	Yes	No No		- IMOL	0 Madalı				
30. Mountainous Terrain (PIC helicopter) 31. NVG Operations (PIC helicopter)	38. Last FAA Part 135 Evaluation: (attach cop 39. Last Bi-Annual Flight Review: (attach cop)				Date:							
32. Offshore (PIC helicopter)												
		40. Accident / Incident Explana	ation, Com	ments;								
		sted on this form is true and correct. orm covering information pursuant to I					ements					
41. Pilot Signature						42	. Date					
	SECTION	N II - Approvals (to be filled ou	ut by Pilo	t Inspect	ors onl	y)						
1. Special Use Mission Approved For: (Inspector Shall Initial) a.(
3. Make / Model / Series Aircraft Approved For	4. Sign	ature (Pilot Inspector)	5. Ag	ency		6. Issue Da	ite	7. Expiration	Date			
8. Make / Model / Series Aircraft Approved For	9. Sign	ature (Pilot Inspector)	10. A	gency		11. Issue D	ate	12. Expiration	n Date			
13. Remarks												

SECTION III - Helicopter Pilot Evaluation / Qual	ification Check	(To be	e filled out prior t	o the administration	of a flight evaluation)	
Category of Evaluation (Pilot Inspector check appropriate box)			2. Type of Evaluation	Administered (Pilot Inspecto	or check appropriate box)	
Initial Recurrent Interim	Post-Accid	dent	☐ IFR	☐ VFR	Special-Use	
3. Pilot Name (Last, First, Middle Initial) 4. Con	npetency: Make and	d Model		5. Knowledge: Make and M	1odel	
6. Employed By 7. Location of		ıation		8. Flight Time & Aircraft N Number		
Pilot Statement: I have been briefed on the reason for thi	s avaluation flic	ıbt and ı	indorstand that I w	ill romain as nilet in es		
throughout the flight and that I may refuse to attempt any					minand of the ancian	
Pilot Signature (Sign Prior to Flight)				10. Date		
Insert the following letters below each Section (IV thru VI), if applicable	e					
D-Demonstrated Ability	K-Knowled	ge		U-U	nsatisfactory	
SECTION IV Equipment Exam - (Oral / Written) 8		ency Procedures			
1 Aircraft / Pilot Documents			ine Failure after Taked			
2 Weight and Balance			neuvering with Engine			
3 Fuel Requirements 4 Systems Operation			roach and Landing, O	ne Engine Out		
5 Emergency Procedures			tem Emergencies protation / Forced Land	lings		
6 Emergency / Survival Equipment			torque Failure	ınıys		
7 Operation / Safety Briefing			Iraulic Failure			
- cperiment, emery enemig		9,-				
	9	Instrur	nent Procedures			
SECTION V - Preformance Planning and Preflig	ht		ipment Check			
1 Aircraft Documents		b. ATO	Procedures			
2 Manifest and Flight Plan		c. Nav	rigation / Orientation			
3 Aircraft Performance		d. Hol	ding			
4 Load Calculation		e. App	roach-NDB,VOR, DME	E, LOC, ILS		
5 Preflight Procedure		f. Mis	sed Approach / Circling	g Approach		
6 Use of Check List			ed, Heading Altitudes			
SECTION VI - Flight Evaluation			omatic Pilot/single Pilo	t		
1 Starting Procedure		i. Cre	w Coordination			
Communication and Navigation Equipment Check Hover Taxi / Ground Taxi	10	Snecia	l Use Operations			
4 Run-up / Power Check	10		connaissance / Surveill	ance		
4 Kun up / Fower Oncok			Suppression / Helitac			
5 Take-off Operations			ernal Load / Sling Ope			
a. Normal			ter / Retardant Delivery		Tank:	
b. Crosswind			gline - VTR (150 feet)	With:	W/O: Load	
c. Maximum Performance			rkel - VTR	<u></u>		
d. Aborted		g. Moi	untainous Terrain Fligh	t		
		h. Aer	ial Ignition:	PSD:	Torch:	
6 Approach/Landing		i. Rap	pel Operations	<u> </u>	•—•	
a. Wind Evaluation		j. Sno	w Operations (Deep S	now)		
b. Helispot Evaluation			mal Inventory / Classifi			
c. Crosswind Approach			ignated "Pilot Trainer	"		
d. Rejected Landing / Go-Around			ainee Only" Pilot			
e. Winter Ops / Deep Snow Landings			ort-Haul			
f. Pinnacle or Platform		o. ACI				
g. Confined Area h. Slope Landing			at Operations (Fixed) form landing, Offshore			
п. Эюре санину			nt Vision Goggle Opera			
7 Water Operations		s. Oth				
a. Taxiing, Sailing, Docking						
b. Glassy Water / Rough Water	11	Judgm	ent			
c. Takeoff and Landings	12	Shutdo	own Checklist			
SECTION VII - Remarks, Limitations & Approvals (To be filled out by inspector)						
Remarks, Limitations & Aircraft Approvals (as appropriate) Evaluation Status (Pilot Inspector please initial appropriate)	status)	3 Expi	ration Date	4 Signature (Pilot Inspe	ector)	
Approved Disapproved (Se	•					

PRIVACY ACT NOTICE

Collection and use of the information on this form covered under Privacy Act System of Records USDA/FS-44 (Pilot Qualification Records) and consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

Purpose and Use - - This information, along with data you may have supplied previously, and information developed by investigation will be for use by such as:

- 1. To determine your pilot qualifications to comply with contract specifications.
- 2. Transfer to the U.S. Department of Justice in the event of litigation.
- 3. Transfer, in the event there is indicated violation or potential violation of a statute, regulation, whether civil, criminal, or regulatory in nature, to the appropriate agency or agencies, whether Federal, State, local, or foreign, charged with the responsibility of investigation or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, order, or license violated or potentially violated

BURDEN AND NONDISCRIMINATION STATEMENTS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0015. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

INSTRUCTIONS

	Section I PILOT INFORMATION (to be filled out by pilot seeking approval)							
1 - 24	Self explanatory							
25	Helicopter PIC hours in each Weight Class							
26 - 32	Helicopter PIC hours in each category (round to the nearest hour)							
33 - 37	Column "a"							
	List only aircraft operated by employer designated in block 6							
	Column "b"							
	Do you hold an FAA Type Rating in the listed column "a" aircraft; check Yes or NO							
	Column "c" (completion of all 3 categories required)							
	PIC hours only for each listed column "a" aircraft							
38	List current Part 135 approvals (use block 40 if additional space is needed)							
39 - 42	Self explanatory							
Section II APPROVALS (to be filled out by pilot inspector only)								
1 a - u	Check or initial each Special Use Mission the pilot is qualified to perform. Items d, e, f, g, j, o and p require the agency, month and year							
	the last flight evaluation was administered in that specific Special Use Mission (i.e. "DF 05/07" or "DA 05/07")							
2	Check or initial whether a flight evaluation was administered with this approval							
3 - 7	Self explanatory							
8 - 12	Use to add additional aircraft after initial annual approval							
13	Self explanatory							
	Section III HELICOPTER PILOT EVALUATION / QUALIFICATION CHECK							
1 - 3	Self explanatory (to be filled out by pilot inspector only)							
4	Make and Model of aircraft flight evaluation is conducted in (to be filled out by pilot inspector only)							
5	Make and Model of all aircraft oral evaluation is conducted for (to be filled out by pilot inspector only)							
6 - 8	Self explanatory (to be filled out by pilot inspector only)							
9 - 10	Self explanatory (to be completed prior to flight by pilot to be evaluated)							
	Sections IV EQUIPMENT EXAM (to be filled out by pilot inspector only)							
1 - 7	Cross out all blocks not evaluated; for those that are evaluated enter a "D' for Demonstrated Ability, "K" for Knowledge or "U for Unsatisfactory							
	Sections V PERFORMANCE PLANNING AND PREFLIGHT (to be filled out by pilot inspector only)							
1 - 6	Cross out all blocks not evaluated; for those that are evaluated enter a "D' for Demonstrated Ability, "K" for Knowledge or "U for Unsatisfactory							
	Sections VI FLIGHT EVALUATION (to be filled out by pilot inspector only)							
1 - 12	Cross out all blocks not evaluated; for those that are evaluated enter a "D' for Demonstrated Ability, "K" for Knowledge or "U for Unsatisfactory							
10 d, e, h	Check appropriate block							
	Section VII REMARKS, LIMITATIONS & APPROVALS (to be filled out by pilot inspector only)							
1	Record approvals by aircraft make and model, applicable limitations, or remarks detailing reason(s) for disapproval							
2	Initial block indicating final status of this evaluation							
3	Expiration date of any agency pilot privileges granted							
4	Self explanatory							
	our explanatory							