

**Department of Veterans Affairs** **MONTHLY CERTIFICATION OF FLIGHT TRAINING**

IMPORTANT: Read Important Notice, Privacy Act Notice and Instructions on reverse before completing this form.

1. FIRST-MIDDLE-LAST NAME OF STUDENT	2. FILE NUMBER	3. REPORTING PERIOD	
		A. BEGINNING DATE	B. ENDING DATE
4. ADDRESS OF STUDENT <i>(Complete only if this is a change from your address of record)</i>		5. IF TRAINING WAS COMPLETED OR TERMINATED DURING REPORTING PERIOD, GIVE DATE <i>(State reason in Item 12)</i>	
		6. NAME OF CURRENT COURSE	

7. FLIGHT INSTRUCTION FURNISHED FOR CURRENT COURSE DURING REPORTING PERIOD				
A. TYPE OF INSTRUCTION	B. HORSE POWER	C. HOURS	D. RATE	E. AMOUNT
			\$	\$
8A. COST TO STUDENT FOR INSTRUCTION DURING THIS REPORTING PERIOD <i>(Excluding any taxes, if applicable)</i>				\$
8B. STATE AND LOCAL SALES TAXES <i>(If applicable)</i>				\$
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD <i>(Including taxes, if applicable)</i>				\$
9. TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD				\$

10. SUMMARY OF TOTAL HOURS IN COURSE THROUGH END OF REPORTING PERIOD					
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE
A. DUAL			D. GROUND		
B. SOLO			E. OTHER		
C. PRE-FLIGHT AND POST FLIGHT					

11A. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE THIS FLIGHT COURSE BEGAN	11B. DATE OF LAST EXAMINATION
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12. REMARKS *(Indicate any substitution, flight test or variance from approval course)*

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CERTIFICATION: WE CERTIFY THAT the above entries are true and correct.

13A. SIGNATURE OF STUDENT <i>(Sign in ink)</i>	13B. DATE SIGNED	14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL <i>(Sign in ink)</i>	14B. DATE SIGNED
15. NAME AND ADDRESS OF FLIGHT SCHOOL <i>(Include facility code)</i>		16. VA OFFICE HAVING STUDENT'S RECORDS	

## INSTRUCTIONS FOR STUDENTS

1. You and the school should complete this form after the last day of the month unless you interrupt or complete your course before the end of the month
2. VA cannot release your check until we receive this form with all items completed. Prompt return of this form will result in early release of your payment.
3. Check all entries to be sure they are correct. Errors or omissions can delay payment.

## INSTRUCTIONS FOR FLIGHT SCHOOL OPERATORS

1. You will expedite the student's payments by sending these certifications to the appropriate Regional Office. These certifications are due to VA as early as possible after the end of the month in order to effect prompt payment.
2. Item 3: Show the beginning and ending dates for the reporting period during which the student received training.
3. Item 6: Show the name of the course the student is pursuing. If the student completes or interrupts the course for any reason, enter the date in Item 5, and the reason in Item 12.
4. Item 7: Report each type of instruction separately, as shown in the example below. Flight time should be reported in accordance with Part 1.1 of FAR 1, i.e., from the moment power is applied for the purpose of flight until the time the plane lands and taxis to a final rest.

A. TYPE OF INSTRUCTION	B. HORSEPOWER	C. HOURS	D. RATE	E. AMOUNT
GROUND SCHOOL		4.0	\$8.00	\$32.00
PRE-FLIGHT/POSTFLIGHT		1.5	10.00	15.00
SOLO	100	2.0	25.00	50.00
DUAL	150	3.0	40.00	120.00
FLIGHT TRAINING DEVICE		2.0	10.00	20.00

5. Item 8: Report the total charges for instruction given during the reporting period shown in Item 3.
6. Item 9: Report the total charges incurred from the beginning of the course through the end of the current reporting period. If student enrolls in a new flight course during the period, separate certifications must be submitted for both courses.
7. Item 10: Report the maximum hours approved and the cumulative hours completed for each type of instruction through the end of the current reporting period. NOTE: Flight instruction in any category, including type of aircraft, may not exceed the approved maximum hours.
8. Item 11A: Show the class of medical certificate held by the student when he or she began the flight course shown in Item 6. Payment will not be made on the basis of this Monthly Certification unless you complete Item 11A. The student must have a private pilot's license and meet these medical requirements: Class I for an Airline Transport Pilot course; and class II for all other flight training courses. The student must meet these requirements at the beginning of each flight course.
9. Item 11B: Show the date that the student took the physical examination for the class of medical certificate shown in Item 11A. Payment will not be made on the basis of this Monthly Certification unless you complete Item 11B.
10. Item 12: Report any substitution, flight test, or variance from the student's approved course, or any change in enrollment and training status. Examples of such changes are the student substitutes an aircraft not approved for the course or the student's conduct or progress was unsatisfactory.

CAUTION: Willful submission of false information may result in fine or imprisonment or both.

**RESPONDENT BURDEN:** We need this information to determine the amount of flight benefits payable. Title 38, United States Code, section 3680(g). Title 38, United States Code, allows us to ask for this information. We estimate that the public will need 30 minutes to review the instructions, find the information, and complete this form. Our estimated average completion time is based on the respondent needing 30 minutes and the flight school's certifying official needing 15 minutes for a total completion time of 30 minutes. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to(1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.