


Training, Qualification and Proficiency Record

Certificate:	<input type="text" value="999999991"/>
Last Name:	<input type="text" value="Smith"/>
First Name:	<input type="text" value="John"/>
Middle Name:	<input type="text"/>
Training, Qualification or Proficiency Record Date:	<input type="text" value=""/> 
Aircraft Make/Model:	<input type="text" value="B 747"/> ▾
Duty Position:	<input type="text" value="Second-in-command"/> ▾
Training/Testing Program:	<input type="text" value="121-NO-Part 121 carrier with an appr"/> ▾
Training Event:	<input type="text" value="Transition Training"/> ▾
Other Event Description:	<input type="text"/>
Results:	<input type="text" value="Satisfactory"/> ▾
Evaluator Comments:	<input type="text"/>

Selection is dependent upon previous type selected.