#### Controlled Unclassified Information (CUI)(When Filled In)

### **CONTRACTOR CREWMEMBER FLIGHT SUMMARY**

OMB No. 0704-0347 Expires: September 30, 2026

### **Privacy Act Statement**

**AUTHORITY**: 27 U.S.C. 310a, Public Law 92-204; Public Law 93-294; DODD 7730.57

**PURPOSE AND USE**: This form is intended to serve as a summary of an individual's flight record to support the contractor crewmember approval process.

**ROUTINE USE:** May be disclosed for any of the blanket routine uses published by the DoD. **DISCLOSURE IS VOLUNTARY:** However, failure to provide information may prevent authorization to perform duties in aircraft under Government contract.

- 1. NAME OF CREWMEMBER (Last Name, First, Middle Initial):
- 2. CONTRACTOR REPRESENTED (Name and address)

3. MISSION, DESIGN, AND SERIES (MDS)
AIRCRAFT OR OTHER REQUIREMENT FOR THIS
QUALIFICATION:

4a. IDENTIFY CREW POSITION AND QUAL:

4b. MISSION TYPE: EXPERIMENTAL ENGINEERING FUNCTIONAL CHECK MAINTENANCE TEST SUPPORT

**SECTION I – FLIGHT EXPERIENCE** (Time to nearest hour)

5. REASON FOR SUBMISSION:

INITIAL QUAL REQUAL UPGRADE TRNG QUALIFIED NEW HIRE OTHER:

6. FLYING TIME BY TYPE								7. TOTAL FLYING TIME		
JET HRS	TURBO	PROP	HRS UI	NMANNED	HRS	ROTARY/T	ILTROTOR	HRS		
8. AIRCRAFT MDS (Date Last Flown)	PERIOD OF TIME	9. PILOT-IN- COMMAND	10. COPILOT	11. INSTRUCTOR / EVALUATOR	12. NIGHT	13. IMC	14. SIM	15. EXP TEST	16. ENG TEST	17. OTHER
	Last 12 months									
	Total									
	Last 12 months									
	Total									
	Last 12 months									
	Total									
	Last 12 months									
	Total									
	Last 12 months									
	Total									
	Last 12 months									
	Total					_				
	Last 12 months									
	Total									

Controlled By: Controlled By:

CUI Categories: PROPIN/PRVCY Distribution/

Dissemination Control: FEDCON

POC:

# Controlled Unclassified Information (CUI)(When Filled In)

SECTION II ADDITIONAL REQUIREMENTS (Fill in where applicable)									
REQUIREMENTS	CHECKED BY	DATE	PLACE						
18. PHYSICAL EXAM									
19. PHYSIOLOGICAL TRNG									
20. CENTRIFUGE TRNG									
21. ACFT EGRESS/EVAC TRNG									
22. AFE/ALSE/ALSS TRNG									
23. CRM/ACT TRNG									
24. LAND SURVIVAL TRNG									
25. WATER SURVIVAL TRNG			10.10						
26. OTHER:			33.50						
27. HAVE YOU EVER HAD AN AIRCRAFT ACCIDENT (as defined by FAR or military procedures) OR PHYSIOLOGICAL REACTION (e.g. hypoxia, decompression sickness, spatial disorientation) AS A PILOT, OR OTHER CREW MEMBER? (If yes, explain.)  28. HAVE YOU EVER BEEN CHARGED WITH A FLYING VIOLATION? (If so, state the violation and circumstances.)  29. LIST ALL FAA CERTIFICATIONS, LICENSES, RATINGS, QUALIFICATIONS, ETC. (For additional space use blank sheet.)									
30. I certify that all information listed on this form is accurate and I can provide source documentation if requested.									
Date		Signature of Crewmember							

### **Contractor Crewmember Flight Summary Instructions**

- 1. Name of Crewmember self-explanatory
- 2. Contractor Represented self-explanatory
- 3. MDS Aircraft, Crewmember Qual, and/or Other Requirements for this Qualification self-explanatory
- 4a. Identify Crew Position MDS Crew position (Pilot, Co-Pilot, Crew Chief, WSO, etc.)
- 4b. Mission Type Mission qualification level sought; should match DD2627 and DD2628
- 5. Select the reason for the crewmember record review

## Section I. Complete all times by rounding to the nearest hour:

- 6. Flying Time by Type self-explanatory
- 7. Total Flying Time self-explanatory
- 8. MDS and Date Last Flown Input applicable MDS. Like series aircraft may be grouped. Insert date last flown below aircraft MDS. Use a separate sheet for additional aircraft.
- 9. Pilot-in-Command for the purposes of this summary record, document the time as the designated aircraft commander (not necessarily at the controls)
- 10. Copilot document time in which crewmember records flight time but is not the aircraft commander
- 11. Instructor/Evaluator input combined instructor and evaluator hours as applicable
- 12. Night self-explanatory
- 13. IMC actual and/or simulated
- 14. Sim self-explanatory
- 15. Experimental Test input hours for experimental test as defined in the 8210-1 and acting as the aircraft commander
- 16. Engineering Test input hours for engineering test as defined in the 8210-1 and acting as the aircraft commander
- 17. Other for pilots: input time when not occupying a designated duty station or conforming to the requirements of PIC or Copilot time. All other crewmembers (e.g., navigators, loadmasters, sensor operators) may log flight time here.

# **Section II. Additional Requirements:**

- 18. 26. Additional Requirements input the date & location of most recent training/event and whom validated completion
- 27. 28. Aircraft accident or physiological reaction & flying violation self-explanatory
- 29. List FAA Qualifications include all FAA qualifications, licenses, ratings, and certifications held
- 30. Read statement and sign to certify compliance and accuracy of records