REQUEST FOR GOVERNMENT APPROVAL FOR AIRCREW QUALIFICATIONS AND TRAINING

OMB No. 0704-0347
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The public reporting burden for this collection of information is estimated to average 15 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 37 U.S.C. 301a - Incentive pay: aviation career; and DCMA INST 8210.1C, Contractor's Flight and Ground Operations.

PURPOSE: Used to monitor and manage individual contract flight/ground crew records.

ROUTINE USES(S): To the Federal Aviation Agency or the appropriate civil aviation authority or foreign military department in the course of certifying individuals, investigative flight mishaps, and conducting rescue operations. Additional routine uses are listed in the applicable system of records notice, PDCMA 1 DoD, Contractor's Flight and Ground Operations (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570147/pdcma-1-dod/)

DISCLOSURE: Voluntary; however, failure to provide the information could result in disapproval of your request to participate in the program.

1. FROM *(Name and Address of Contractor's Requesting Official)*	**2. TO** *(Name and Address of Government Flight Representative)*

3. CREW MEMBER NAME *(Last, First, Middle Initial)*	**4. HAVE YOU EVER BEEN REMOVED FROM FLIGHT STATUS FOR CAUSE?** ☐ **YES** ☐ **NO**	**5. DATE OF BIRTH** *(YYYYMMDD)*

6. AIRCRAFT	**7. CREW POSITION**	**8. SECURITY CLEARANCE**	**9. FAA RATING**

10. EDUCATIONAL BACKGROUND

a. HIGH SCHOOL (1) NAME	**(2) LOCATION** *(Include Zip Code)*	**(3) DATE COMPLETED** *(YYYYMMDD)*
b. COLLEGE(S) OR UNIVERSITY(IES) (1) NAME	**(2) LOCATION** *(Include Zip Code)*	**(3) DEGREE(S) OBTAINED**

c. FLIGHT SCHOOL (1) NAME	**(2) DATE COMPLETED** *(YYYYMMDD)*	**d. TEST PILOT SCHOOL (1) NAME**	**(2) DATE COMPLETED** *(YYYYMMDD)*

e. SPECIAL PROFESSIONAL SCHOOL(S) *(List name of school, location, primary subject of study, and date completed) (Use additional sheets if necessary)*

11. HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY SERVICE? *(X one)* ☐ **YES** *(Complete a. - f.)* ☐ **NO**

a. BRANCH OF SERVICE	**b.SERVICE DATES** *(YYYYMMDD)* **(1) FROM** **(2) TO**	**c. LAST LOCATION**

d. HIGHEST RANK	**e. AERONAUTICAL RATING**	**f. ARE YOU NOW A MEMBER OF THE RESERVES OR NATIONAL GUARD?** *(X one)* ☐ **YES** *(If Yes, specify:)* **(1) BRANCH OF SERVICE** ☐ **NO**	**(2) PRESENT RANK**

12. PROVIDE A RESUME OF EXPERIENCE IN THE FLIGHT TEST FIELD.
☐ **RESUME ATTACHED.** *(X if applicable)*
(Include both engineering and aircrew experience by project, type of aircraft, and hours flown.)

13. FLIGHT CREW MEMBER CERTIFICATION. I certify that I have read and understand all of the contractor's procedures and directives pertinent to the accomplishment of my assigned duty.

a. TYPED NAME *(Last, First, Middle Initial)*	**b. SIGNATURE**	**c. DATE SIGNED** *(YYYYMMDD)*

14. CONTRACTOR'S REQUESTING OFFICIAL (CRO)

I have verified the records of the crewmember above and request that he/she be approved for qualification training as a *(crew position)* for *(Check all applicable)*:

☐ Experimental ☐ Engineering ☐ Functional Check ☐ Maintenance Test ☐ Support flights in type aircraft.

a. TYPED NAME *(Last, First, Middle Initial)*	**b. SIGNATURE**	**c. DATE SIGNED** *(YYYYMMDD)*

15. GOVERNMENT FLIGHT REPRESENTATIVE (GFR)

☐ **APPROVED** ☐ **DISAPPROVED**	**a. TYPED NAME** *(Last, First, Middle Initial)*	**b. SIGNATURE**	**c. DATE SIGNED** *(YYYYMMDD)*