REQUEST FOR APPROVAL OF CONTRACTOR FLIGHT CREWMEMBER

OMB No. 0704-0347
OMB Approval Expires: 20261130

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.

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

3. CONTRACTOR'S REQUESTING OFFICIAL (CRO).

I have verified the records of *(Crewmember's name)* _____ and request that he/she be approved 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**

4. INSTRUCTOR PILOT/FLIGHT EXAMINER (IP/FE)

I certify that the crewmember above has satisfactorily flown a proficiency flight check on *(Date)* _____ .

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

5. GOVERNMENT FLIGHT REPRESENTATIVE (GFR)

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