



OFFICE OF AIRCRAFT SERVICES



Contract No. _____

INTERAGENCY HELICOPTER PILOT QUALIFICATIONS AND APPROVAL RECORD

Rental Agreement No. _____

| | | | | |
|--|---|---|-------------------------------------|------------------|
| Name Last | First | MI | Date of Birth | Home Telephone |
| Home Address | City | State | Zip Code | |
| Employed By | Address | Telephone | Employed Since | |
| Previous Employer | Address | Telephone | Period Employed | |
| Previous Employer | Address | Telephone | Period Employed | |
| Medical Certificate: Class _____ Date _____ | Airman Certificate: Number _____ ATP _____ COM _____ | Date Last OAS/USFS Card Approval: _____ | Date Last OAS/USFS Checkride: _____ | |
| Limitations _____ | Ratings _____ | | | Inspector's Name |

| | Hours |
|--------------------------------------|-------|
| Pilot-In-Command Helicopter | |
| Turbine Engine Helicopters PIC | |
| Reciprocating Engine Helicopters PIC | |
| PIC Helicopter Last 12 Months | |
| Weight Class: under 6,000 | |
| over 6,000 | |
| Night PIC | |
| Offshore PIC | |

FAR 135 Flight Check (Atch copies or complete statement on reverse).

If OAS/USFS card has ever been denied, suspended, or revoked explain below.

Aircraft Accidents/FAA Violations Filed Within the Last 5 Years. No ___ Yes ___ (Explain Below)

| | | | | |
|-------------------------|--|--|--|--|
| Make/Model/Series | | | | |
| Total Time PIC | | | | |
| Time Last 12 mos. PIC | | | | |
| Time Last 60 days PIC | | | | |
| Time Last 30 days PIC | | | | |
| Mountainous Terrain PIC | | | | |

I certify that the information listed on this form is true and correct. In addition, I certify that I have read the statements on the back of this form covering information pursuant to Public Law 93-579 (privacy Act of 1974).

| | |
|--|--------------------------------------|
| Date | Signature of Pilot |
| Duty Approved For: (Inspector Shall Initial) | For Inspector's Use Only |
| ___ Sling Operations (1) | ___ Wild Fowl Hazing (6B) |
| ___ Fire Suppression/Helitack (2A) | ___ Reconnaissance/Surveillance (6D) |
| ___ Helitanker/Bucket (2B) | ___ Platform Landing, Off-shore (7) |
| ___ Snow Operations (Deep Snow) (4) | ___ Helitorch/Aerial Ignition (8) |
| ___ Float Operations (Fixed Fit) (5) | ___ Mountain Flying (9A) |
| ___ Animal Herding (6A) | ___ USGS/BOM Special Experience (9B) |
| | ___ Hoversite (9C) |
| | ___ Rappel (9D) |
| | ___ Instrument (11) |
| | ___ Long Line--Remote Hook (12) |
| | ___ Night Vision Goggles (13) |
| | ___ Other |

| | | | | |
|-------------------------|-----------------------|--------|-------|-----------------|
| Type Aircraft Approved: | Inspector's Signature | Agency | Date | Expiration Date |
| _____ | _____ | _____ | _____ | _____ |

Remarks: _____

STATEMENT OF COMPETENCY

I certify that _____ has successfully completed the following proficiency
(Pilot Name)
checks and meets all FAR 135 requirements for this company:

135.293 a & b)

HELICOPTER

Date _____ Type Helicopter _____ Check Pilot _____ FAA (Office)
or Company _____

Date _____ Type Helicopter _____ Check Pilot _____ FAA (Office)
or Company _____

Date _____ Type Helicopter _____ Check Pilot _____ FAA (Office)
or Company _____

Line/Route Check (135.299):

Date _____ Type A/C _____ Check Pilot _____ FAA (Office)
or Company _____

Single Pilot IFR with Autopilot (135.297g):

Date _____ Type A/C _____ Check Pilot _____ FAA (Office)
or Company _____

SIGNED: _____
(Chief Pilot or Manager)

DATE: _____

COMPANY: _____

PRIVACY ACT NOTICE

GENERAL--This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for inclusion in a system of records.

AUTHORITY--The authority to collect the information on the attached form is contained in 5 USC 552A.

PURPOSE AND USE--This information, along with data you may have supplied previously, and information developed by investigation will be for use such as:

1. To determine your pilot qualifications to comply with contract specifications.
2. Transfer to the U.S. Department of Justice in the event of litigation.
3. Transfer, in the event there is indicated violation or potential violation of a statute, regulation, whether civil, criminal, or regulatory in nature, to the appropriate agency or agencies, whether federal, state, local, or foreign, charged with the responsibility of investigation or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, order, or license violated or potentially violated.