			RECORD (JI TILITOIT	AUTICAL LAI LINEINCL					OA3-01 (12/12)	
Name					Date of Birth			Social Security Number			
Rating Record-Indicate certificate privi A=Airline Transport B=Commercial 1 2 Airplane Single Engine Land 1 2 Airplane Multiengine Land 1 2 Airplane Multiengine Sea 1 2 Airplane Multiengine Sea 1 2 Instrument Airplane	C=Private D=Fl nd 1 2 a 1 2	ight Instructor Rating	g in column 2.	umn 1.		AIRMAN	L CERTIFICATES	S HELD			
Other Ratings (Specify) Airframe/Powerplant Certificate	Type Rat	ings (Specify) on Authorization									
				Туре	Dat	Date (original) Issued			Certificate Number		
					Airline Transport Pilot						
					Commercial Pilot						
					Private Pilot						
					Flight Instructor						
					Medical-Circle the Correct Certificate	Date last cert	ificate issued:		Class: Firs	t Second Third	
Classification of Flight Hours - The col	umns for Type an	d Total Hours must bal	ance with Helicopte	r/Airplane Ma	ake and Model column. Sections A an	d B will be cor	npared.	1			
A. Type and Total Hours	Total Hours Last 12 Months	Last 12		B. Airplan	e/Helicopter Make and Model	Weight Class	Weight Class		Total Hours to Date		
		Pilot-in- Command	Co-Pilot			Under 12,500 Pounds	Over 12,500 Pounds	Pilot-in-	-Command	Co-Pilot	
Total Pilot Time											
Single Engine (Airplane Only)											
Single Engine Seaplane											
Twin Engine (Airplane Only)											
Multiengine Seaplane											
Four Engine (Airplane Only)											
Multiengine Less Than 12,500 Gross Weight											
Multiengine More Than 12,500 Gross Weight											
Jet											
Helicopter											
Actual Instrument											
Hood Instrument											

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Synthetic Trainer									
Flight Simulator									
Night									
Primary/Advanced Instructor									
Instrument Instructor									
If answers to the following items require more space, use a separate piece of paper and staple it firmly to this form. Number your answers according to the question you are completing.									
1. Flight Instructor Experience (List names and locations of schools by which you were employed or with which you were associated, inclusive dates [Mo/Yr] for each period of employment, average hours per week worked, types of instruction given and types of aircraft used.									
2. Natural Resource Pilot Experience: List all pilot experience working in the natural resource field. Include type of pilot duties, type aircraft, agency, and the nature of the work (wild fire suppression, resource surveys, animal surveys animal capture, etc.). Also provide the same information for flight operations conducted below 500 feet AGL (don't include flight training maneuvers or take-off/landing operations):									
3. Physical limitations:4. Cross-Country - List areas of cross country flown and type of operation:									
5. List location, season, work situation, and type(s) of aircraft flown for the following:									
Arctic Environment:									
Remote Areas:									
6. Seaplane/Amphibious Operations - Give brief resume of experience:									
7. List aircraft in which you have made landings and take-offs in water and number of each:									
8. Violations (List/Explain any violations with Federal Aviation Regulations):									
9. Accidents/Incidents with aircraft (List in detail):									
Providing the information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chances for obtaining Federal employment.									
ATTENTION THIS STATEMENT MUST BE SIGNED Read the following paragraph carefully before signing this Statement									
A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation.									
CERTIFICAT I CERTIFY that all of the statements mad complete, and correct to the best of my kn made in good faith.	le in this Stateme	nt are true,	gnature (Sign in ink)		Date Signed	d (Month, Day,	Year)		