



Department of the Interior
Office of Aviation Services



Contract No. _____

INTERAGENCY AIRPLANE PILOT QUALIFICATIONS AND APPROVAL RECORD

Rental Agreement No. _____

Name:	Last	First	MI	Date of Birth	Home Telephone
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Home Address	City, State & Zip Code
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Employed By	Address	Telephone	Employed Since
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Previous Employer	Address	Telephone	Period Employed
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Medical Certificate: Class _____ Date _____ Limitations _____	Airman Certificate No. _____ ATP _____ Coml _____ Instrument _____ SEL _____ MEL _____ SES _____ MES _____ CFI _____ Type Ratings _____	Aircraft To Be Flown on This Contract	Total PIC Hours in Make/Model
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Total Pilot Time	
Pilot-In-Command (PIC) Airplane	
PIC Single-Engine Airplane	
PIC Multiengine Airplane	
PIC Seaplane	
PIC Cross-Country	
PIC Night	
Instrument Simulator or "Hood"	
PIC "Actual Weather"	
PIC Turbo Prop Airplanes	
PIC Jet Airplanes	
PIC Turbine-Powered Airplane	
PIC Airplane: Last 12 Months	
PIC Airplane: Last 60 Days	
PIC Fire Surveillance: Opns.	
PIC "Low-Level" Opns. (<500' AGL)	
PIC "Animal/Fowl Surveillance" Opns.	
PIC Airplane over 12,500# Gr. Wt.	
PIC "Typical Terrain" (Over Mtns., etc.)	
PIC Airtanker/Dispensing Opns.	
Takeoff/Landings Last 90 Days	
Night Takeoff/Landings Last 90 Days	

Other Aircraft for Which Pilot Is Current for Part 135 Operations:
Make/Model _____
Total PIC: _____

PART 135 FLIGHT CHECK (Attach Info Copy(s))
(135 Flight Checks Must Cover Type of Operations Required by Contract)

Date	Make/Model Aircraft	Total PIC (in Make/Model)	Type Flight Check
_____	_____	_____	VFR () IFR () IFR W/AP ()
_____	_____	_____	VFR () IFR () IFR W/AP ()
_____	_____	_____	VFR () IFR () IFR W/AP ()

Date of Previous Agency Card Approval AMD: _____ USFS: _____	Aircraft Accidents/FAA Violations Last 5 Years /___/No//___/Yes// (Attach Date and Explanation)
Date of Last Agency Flight Check AMD: _____ USFS: _____	Previous AMD or USFS Card Denied, Suspended, or Revoked? /___/No//___/Yes (Attach Explanation)

Airtanker Operations Only:
Date Last PIC IFR Check in Type _____ Date Last FAR 61.55 Copilot Check _____

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

Special Use Operations

Duty Approved For: (Inspector shall initial.)

- _____ Low-Level (Less Than 500 Ft Above the Surface) (6D)
- _____ Animal/Fowl, Surveillance/Control
- _____ Mtn. Flying-Unimproved Strips (9A)
- _____ Snow (Ski) Operations (4)
- _____ Recon (USFS)

For Inspector's Use Only

- _____ Airtanker Pilot (AT)
- _____ Airtanker Pilot, "Initial Attack" (1A)
- _____ Airtanker Copilot (CP)
- _____ Agriculture Application
- _____ Other _____
- _____ Fire Surveillance
- _____ Smokejumper (2E)
- _____ Paracargo (9E)
- _____ Aerial Ignition (8)
- _____ Other _____

Authorized Operations

SEL _____ SES _____ MEL _____ MES _____ IFR, W/CP _____ IFR, Single Pilot _____

Make/Model (Type) Aircraft	Inspector's Signature	Agency	Date	Expiration Date
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks: _____