



HELICOPTER PILOT QUALIFICATIONS AND APPROVAL RECORD

Contract Number: _____

USFS: _____

DOI: _____

SECTION I - Pilot Information (to be filled out by pilot seeking approval)

1. Name (Last, First, Middle Initial)		2. Date of Birth		3. Primary Telephone Number	
4. Home Address (Street, City, State & ZIP Code)				5. E-Mail Address	
6. Employed By		7. Address		8. Telephone No.	9. Employed Since (m/yr)
10. Previous Employer		11. Address		12. Telephone No.	13. Period Employed (m/yr) to
14. Previous Employer		15. Address		16. Telephone No.	17. Period Employed (m/yr) to
18. Medical Certificate: (attach copy) Class _____ Date _____ Limitations: _____			19. Most Recent Interagency Pilot Card: (attach copy) Date Issued: _____ Expiration: _____ Insp. Name: _____ Agency: _____		
20. Airman Certificate: (attach copy) <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> CFI Number: _____ Other Ratings: _____			21. Most Recent Interagency Flight Evaluation Information Date Evaluation Conducted: _____ Insp. Name: _____ Agency: _____		
22. Aircraft accidents / FAA violations within the last 5 years: (if Yes, explain in box 45) <input type="checkbox"/> No <input type="checkbox"/> Yes		23. Has a previous Interagency Pilot Card been denied, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in box 45 or attach an additional sheet.)			

Helicopter Pilot-in-Command Flight Time & Type of Flight	PIC Hours Only	(a) Make, Model & Series seeking approval in	(b) Are you Type Rated for column "a" aircraft?			(c) PIC Hours for Column "a" A/C			
			Yes	No	N/A	Aircraft Total	Vertical Reference	Mountain Flying	Preceding 12 Months
24. Total Helicopter		34. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
25. Weight } Class } Less than 12,500 lb 12,500 lb or more		35. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		36. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
26. Turbine Engine		37. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
27. Reciprocating Engine		38. Signature Page - Operations & Safety Procedures Guide (Fire Only)			<input type="checkbox"/>	Attach Original	<input type="checkbox"/>	Not Applicable	
28. Preceding 12 months		39. FAR 135 Evaluation: (FAA 8710-3 or Equivalent)			<input type="checkbox"/>	Attach Copy	<input type="checkbox"/>	Not Applicable	
29. Preceding 90 days		40. Equipment Check Endorsement:			<input type="checkbox"/>	Attach Copy	<input type="checkbox"/>	Not Applicable	
30. Mountain Flying		41. CFR 14 Part 61.56 Flight Review:			<input type="checkbox"/>	Attach Copy	<input type="checkbox"/>	Not Applicable	
31. NVG Operations		42. FAR 133 Endorsement :			<input type="checkbox"/>	Attach Copy	<input type="checkbox"/>	Not Applicable	
32. Offshore		43. FAR 137 Endorsement :			<input type="checkbox"/>	Attach Copy	<input type="checkbox"/>	Not Applicable	
33. Vertical Reference, VTR		44. VTR Training Endorsement: (attach copy) <input type="checkbox"/> Snorkel <input type="checkbox"/> Longline <input type="checkbox"/>			<input type="checkbox"/>	Attach Copy	<input type="checkbox"/>	Not Applicable	
45. Applicant Remarks:		46. OAS-60B <input type="checkbox"/> OAS-64C <input type="checkbox"/> OAS-89 <input type="checkbox"/>			<input type="checkbox"/>	Attach Copy	<input type="checkbox"/>	Not Applicable	

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

47. Pilot Signature		48. Date
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SECTION II - Special Use Mission Approval (to be filled out by Pilot Inspectors only)

1. Approved (Initial)	2. Mission	3. Flight Evaluation		4. Expiration Date (m/yr)	1. Approved (Initial)	2. Mission	3. Flight Evaluation		4. Expiration Date (m/yr)
		Administered Date (m/yr)	Not Administered				Administered Date (m/yr)	Not Administered	
	Low Level (Recon. & Surv.)		<input type="checkbox"/>			"Trainee Only" Pilot		<input type="checkbox"/>	
	Helitack/Passenger Transport		<input type="checkbox"/>			² Short Haul		<input type="checkbox"/>	
	External Load (belly hook)		<input type="checkbox"/>			Float Operations (fixed)		<input type="checkbox"/>	
	¹ Water/Retardant Delivery		<input type="checkbox"/>			Platform Landings: Offshore		<input type="checkbox"/>	
	¹ Longline VTR (150 ft)		<input type="checkbox"/>			¹ Vessel Landings		<input type="checkbox"/>	
	¹ Snorkel <input type="checkbox"/> VTR <input type="checkbox"/> Mirror		<input type="checkbox"/>			² Night Vision Goggle Operations		<input type="checkbox"/>	
	Mountainous Terrain Flight		<input type="checkbox"/>			¹ ACETA Net Gun (all ACETA)		<input type="checkbox"/>	
	Aerial Ignition: PSD		<input type="checkbox"/>			¹ ACETA Eradication (only)		<input type="checkbox"/>	
	Aerial Ignition: Torch		<input type="checkbox"/>			¹ ACETA Gathering/Capture (Herdling)		<input type="checkbox"/>	
	² Rappel Operations		<input type="checkbox"/>			¹ ACETA Darting (only)		<input type="checkbox"/>	
	¹ Cargo Letdown		<input type="checkbox"/>			Other _____		<input type="checkbox"/>	
	Snow Operations (deep snow)		<input type="checkbox"/>			Other _____		<input type="checkbox"/>	
	Designated "Pilot Trainer"		<input type="checkbox"/>			Other _____		<input type="checkbox"/>	

Recurrence Flight Evaluation: ¹ 3 years ² 1 year

5. Make/Model/Series Aircraft:		6. Pilot Inspector (Print)		7. Pilot Inspector Signature		8. Agency	9. Issue Date	10. Card Expiration Date
a. _____	c. _____	b. _____	d. _____					

11. Make, model, and series: