

PERSONNEL DATA INFORMATION AND PILOT CARDING

- Initial Employment with DOI: Please provide all requested information.
 Annual/Interim: Please provide your name, a copy of your medical certificate, your flight time for the last 12 months, your signature, IAT training record and any information that has changed.

PERSONAL INFORMATION

Name: _____ Bureau/Agency: _____
Last First

Office Address: _____
Street/P.O. Box City State ZIP

Office Phone (_____) _____ Fax (_____) _____ E-mail _____

Emergency Contact _____ Phone: _____

TRAINING INFORMATION

I am in compliance with all OPM-22 training requirements Yes No
 (Attach a copy of IAT training record)

MEDICAL INFORMATION (Attach a copy of your medical certificate, required annually.)

AIRMAN CERTIFICATE INFORMATION (Attach a copy if initial employment.)

Additional ratings obtained: _____

Date of last Flight Review (FAR 61.56): _____

FLIGHT TIME INFORMATION

Total Pilot Time		
Total PIC Airplane		PIC Turbine powered
PIC Single-engine land		PIC Make & model
PIC Multiengine land		PIC Large airplane
PIC Single-engine sea		PIC Instrument (Actual)
PIC Multiengine sea		PIC Instrument (Sim/Hood)
PIC Amphibious airplane		Airplane instructor time
Water T/O and landings		Last 12 months:
Land T/O and landings		PIC Airplane
PIC Night		PIC Make & model
Total PIC Helicopter		Last 12 months:
PIC Helicopter (Recip)		PIC Helicopter
PIC Helicopter (Turbine)		PIC Make & model
PIC Instrument (Actual)		
PIC Instrument (Sim/Hood)		
PIC Night		
PIC Large helicopter		
PIC Make & model		
Helicopter instructor time		

I certify that the information provided is true and correct.

Signature

Date

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.

PURPOSES 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 the Department Manual.
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.

For Inspector's Use Only

AIRPLANE PILOT CARD

SPECIAL USE APPROVAL: (Inspector shall initial.)

<input type="checkbox"/> Low Level	<input type="checkbox"/> Smokejumper/Paracargo	<input type="checkbox"/> Lead Plane/ASM
<input type="checkbox"/> Mountainous Terrain	<input type="checkbox"/> Air Tactical Pilot	<input type="checkbox"/> High Altitude Glacier
<input type="checkbox"/> Wheeled Ops Unprep Lnd Area	<input type="checkbox"/> Resource Reconnaissance	<input type="checkbox"/> Off Skiway
<input type="checkbox"/> External Loads	<input type="checkbox"/> TAA	<input type="checkbox"/> Other _____

AUTHORIZED OPERATIONS:

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

Aircraft & Configuration Approved:	Inspector's Signature	Agency	Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks: _____ IFR Expiration Date _____

HELICOPTER PILOT CARD

SPECIAL USE APPROVAL: (Inspector shall initial.)

<input type="checkbox"/> Short Haul LE	<input type="checkbox"/> SAR <input type="checkbox"/>	<input type="checkbox"/> Low Level (recon & surv)	<input type="checkbox"/> External Load Belly Hook
<input type="checkbox"/> Rappel	<input type="checkbox"/> Mountainous Terrain	<input type="checkbox"/> NVG	<input type="checkbox"/> Long Line VTR (150')
<input type="checkbox"/> Cargo Letdown	<input type="checkbox"/> Retardant/Water Delivery	<input type="checkbox"/> Aerial Ignition PSD	<input type="checkbox"/> Hoist
<input type="checkbox"/> Platform Landing, Offshore	<input type="checkbox"/> Snow Operations (deep snow)	<input type="checkbox"/> Torch <input type="checkbox"/>	<input type="checkbox"/> Snorkel VTR <input checked="" type="checkbox"/> Mirror <input type="checkbox"/>
<input type="checkbox"/> Vessel Landing	<input type="checkbox"/> "Trainee Only" Pilot	<input type="checkbox"/> ACETA Darting/Paintball	<input type="checkbox"/> STEP
<input type="checkbox"/> Helitack/PAX transport	<input type="checkbox"/> ACETA Gathering/Capture (Herding)	<input type="checkbox"/> ACETA Eradication	<input type="checkbox"/> Float Operations (fixed)
<input type="checkbox"/> Designated "Pilot Trainer"	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> ACETA Net Gun (all ACETA)			

Aircraft Approved:	Inspector's Signature	Agency	Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks: _____
