

CERTIFICATE OF AIRCREW QUALIFICATION						DATE COMPLETED
<b>I. EXAMINEE IDENTIFICATION</b>						
NAME (Last, First, Middle Initial)			GRADE	DoD ID	ELIGIBILITY PERIOD	
ORGANIZATION AND LOCATION			MDS/CREW POSITION			
<b>II. REQUISITE INFORMATION</b>				<b>III. AIRCREW EVALUATION INFORMATION</b>		
REQUISITES	DATE	RESULTS	AIRCREW EVALUATION	DATE		
<b>IV. QUALIFICATION LEVEL</b>		<b>V. ADDITIONAL TRAINING</b>				
QUALIFIED	UNQUALIFIED	DUE DATE(S)		DATE ADDITIONAL TRAINING COMPLETED		
EXPIRATION DATE(S) OF QUALIFICATION(S)		CERTIFYING OFFICIAL, GRADE, ORGANIZATION		SIGNATURE	DATE	
<b>VI. OTHER</b>						
<input type="checkbox"/> RESTRICTIONS <i>(Explain in Comments on Back)</i>		<input type="checkbox"/> EXCEPTIONALLY QUALIFIED <i>(Explain in Comments on Back)</i>			<input type="checkbox"/> COMMANDER-DIRECTED DOWNGRADE <i>(Explain in Comments on Back)</i>	
<b>VII. ENDORSEMENT</b>						
TYPED NAME AND GRADE	ORGANIZATION	CHECK			SIGNATURE	DATE
		C O N C U R	D O N C O U R	R E M A R K S		
1 FLIGHT EXAMINER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2 REVIEWING OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 FINAL APPROVING OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I CERTIFY that I have been briefed and understand the action being taken this date.						
DATE	TYPED NAME AND GRADE OF EXAMINEE				SIGNATURE	

VIII. COMMENTS

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INITIAL EVALUATOR INFORMATION

INITIAL EVALUATOR NAME AND GRADE	ORGANIZATION	SIGNATURE	Date
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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013  
 PRINCIPAL PURPOSE: Source document used to establish and record aircrew qualification.  
 DISCLOSURE IS VOLUNTARY: Failure to provide information may prevent qualification authorization and result in a loss of records establishing qualification.  
 SYSTEM OF RECORD: F011 AF XO Aviation Resource Management System (ARMS).