

CERTIFICATE OF AIRCREW QUALIFICATION						DATE COMPLETED		
I. EXAMINEE IDENTIFICATION								
NAME (Last, First, Middle Initial)				GRADE		DoD ID		
ORGANIZATION AND LOCATION				MDS/CREW POSITION				
II. REQUISITE INFORMATION				III. AIRCREW EVALUATION INFORMATION				
REQUISITES		DATE		RESULTS		AIRCREW EVALUATION		
IV. QUALIFICATION LEVEL				V. ADDITIONAL TRAINING				
QUALIFIED		UNQUALIFIED		DUE DATE(S)		DATE ADDITIONAL TRAINING COMPLETED		
EXPIRATION DATE(S) OF QUALIFICATION(S)				CERTIFYING OFFICIAL, GRADE, ORGANIZATION		SIGNATURE		
VI. OTHER								
<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>			
VII. ENDORSEMENT								
TYPED NAME AND GRADE		ORGANIZATION		CHECK			SIGNATURE	DATE
				C O N C U R	D O N O T	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		
INITIAL EVALUATOR INFORMATION			
INITIAL EVALUATOR NAME AND GRADE	ORGANIZATION	SIGNATURE	Date
PRIVACY ACT STATEMENT			
<small> 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). </small>			