

CERTIFICATE OF AIRCREW QUALIFICATION					DATE COMPLETED	
I. EXAMINEE IDENTIFICATION						
NAME (Last, First, Middle Initial)		GRADE	DoD ID	ELIGIBILITY PERIOD		
ORGANIZATION AND LOCATION		MDS/CREW POSITION				
II. REQUISITE INFORMATION			III. AIRCREW EVALUATION INFORMATION			
REQUISITES	DATE	RESULTS	AIRCREW EVALUATION		DATE	
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	DATE	
VI. OTHER						
<input type="checkbox"/> RESTRICTIONS (Explain in Comments on Back)		<input type="checkbox"/> EXCEPTIONALLY QUALIFIED (Explain in Comments on Back)		<input type="checkbox"/> COMMANDER-DIRECTED DOWNGRADE (Explain in Comments on Back)		
VII. ENDORSEMENT						
TYPED NAME AND GRADE	ORGANIZATION	CHECK			SIGNATURE	DATE
		C O N C U R	D O C O N O U R	R E M A R K S		
1	FLIGHT EXAMINER					
2	REVIEWING OFFICER					
3	FINAL APPROVING OFFICER					
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			
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).			