



OFFICE OF AIRCRAFT SERVICES



INTERAGENCY HELICOPTER PILOT QUALIFICATIONS AND APPROVAL RECORD

Contract No. \_\_\_\_\_

Rental Agreement No. \_\_\_\_\_

|                   |         |           |                 |                |
|-------------------|---------|-----------|-----------------|----------------|
| Name Last         | First   | MI        | Date of Birth   | Home Telephone |
| Home Address      |         | City      | State           | Zip Code       |
| Employed By       | Address | Telephone | Employed Since  |                |
| Previous Employer | Address | Telephone | Period Employed |                |
| Previous Employer | Address | Telephone | Period Employed |                |

Medical Certificate: Class \_\_\_\_\_ Date \_\_\_\_\_ Airman Certificate: Number \_\_\_\_\_ ATP \_\_\_\_\_ COM \_\_\_\_\_ Date Last OAS/USFS Card Approval: \_\_\_\_\_ Date Last OAS/USFS Checkride: \_\_\_\_\_

Limitations \_\_\_\_\_ Ratings \_\_\_\_\_ Inspector's Name \_\_\_\_\_

|                                      | Hours |
|--------------------------------------|-------|
| Pilot-In-Command Helicopter          |       |
| Turbine Engine Helicopters PIC       |       |
| Reciprocating Engine Helicopters PIC |       |
| PIC Helicopter Last 12 Months        |       |
| Weight Class: under 6,000            |       |
| over 6,000                           |       |
| Night PIC                            |       |
| Offshore PIC                         |       |

FAR 135 Flight Check (Atch copies or complete statement on reverse).  
 If OAS/USFS card has ever been denied, suspended, or revoked explain below.  
 Aircraft Accidents/FAA Violations Filed Within the Last 5 Years. No \_\_\_\_ Yes \_\_\_\_ (Explain Below)

| Make/Model/Series       | Type A/C | Date |
|-------------------------|----------|------|
| Total Time PIC          |          |      |
| Time Last 12 mos. PIC   |          |      |
| Time Last 60 days PIC   |          |      |
| Time Last 30 days PIC   |          |      |
| Mountainous Terrain PIC |          |      |

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

| Date   | Signature of Pilot                     |
|--|--|
| Duty Approved For: (Inspector Shall Initial) | For Inspector's Use Only               |
| _____ Sling Operations (1)                   | _____ Wild Fowl Hazing (6B)            |
| _____ Fire Suppression/Helitack (2A)         | _____ Reconnaissance/Surveillance (6D) |
| _____ Helitanker/Bucket (2B)                 | _____ Platform Landing, Off-shore (7)  |
| _____ Snow Operations (Deep Snow) (4)        | _____ Helitorch/Aerial Ignition (8)    |
| _____ Float Operations (Fixed Fit) (5)       | _____ Mountain Flying (9A)             |
| _____ Animal Herding (6A)                    | _____ USGS/BOM Special Experience (9B) |
|  | _____ Hoversite-(9C)                   |
|  | _____ Rappel (9D)                      |
|  | _____ Instrument (11)                  |
|  | _____ Long Line--Remote Hook (12)      |
|  | _____ Night Vision Goggles (13)        |
|  | _____ Other                            |

Type Aircraft Approved: \_\_\_\_\_ Inspector's Signature \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Remarks: \_\_\_\_\_

STATEMENT OF COMPETENCY

I certify that \_\_\_\_\_ has successfully completed the following proficiency  
(Pilot Name)  
checks and meets all FAR 135 requirements for this company:

135.293 a & b)

HELICOPTER

Date \_\_\_\_\_ Type Helicopter \_\_\_\_\_ Check Pilot \_\_\_\_\_ FAA (Office)  
or Company \_\_\_\_\_

Date \_\_\_\_\_ Type Helicopter \_\_\_\_\_ Check Pilot \_\_\_\_\_ FAA (Office)  
or Company \_\_\_\_\_

Date \_\_\_\_\_ Type Helicopter \_\_\_\_\_ Check Pilot \_\_\_\_\_ FAA (Office)  
or Company \_\_\_\_\_

Line/Route Check (135.299):

Date \_\_\_\_\_ Type A/C \_\_\_\_\_ Check Pilot \_\_\_\_\_ FAA (Office)  
or Company \_\_\_\_\_

Single Pilot IFR with Autopilot (135.297g):

Date \_\_\_\_\_ Type A/C \_\_\_\_\_ Check Pilot \_\_\_\_\_ FAA (Office)  
or Company \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(Chief Pilot or Manager)

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_