

## PERSONNEL DATA INFORMATION AND PILOT CARDING

- Initial Employment with DOI
- Annual/Interim

Please provide all requested information.

Please provide your name, a copy of your medical certificate, your flight time for the last 12 months, your signature, and any information that has changed.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Bureau/Agency: \_\_\_\_\_  
Last First MI

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

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### FOR EMERGENCY INFORMATION ONLY

Home Address: \_\_\_\_\_  
Street/P.O. Box City State ZIP

Home Phone (\_\_\_\_\_) \_\_\_\_\_

### 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 Single-engine land \_\_\_\_\_  
 PIC Multiengine land \_\_\_\_\_  
 PIC Single-engine sea \_\_\_\_\_  
 PIC Multiengine sea \_\_\_\_\_  
 Water T/O and Landings \_\_\_\_\_  
 PIC Instrument (Actual) \_\_\_\_\_  
 PIC Instrument (Sim / Hood) \_\_\_\_\_  
 PIC Night \_\_\_\_\_  
 PIC Airplane over 12,000 Gross \_\_\_\_\_  
 Airplane instructor time \_\_\_\_\_

**Total PIC Helicopter** \_\_\_\_\_  
 PIC Helicopter (Recip) \_\_\_\_\_  
 PIC Helicopter (Turbine) \_\_\_\_\_  
 PIC Instrument (Actual) \_\_\_\_\_  
 PIC Instrument (Sim / Hood) \_\_\_\_\_  
 PIC Night \_\_\_\_\_  
 PIC Helicopter over 6,000 Gross \_\_\_\_\_  
 Helicopter instructor time \_\_\_\_\_

#### Last 12 months:

**PIC Airplane** \_\_\_\_\_  
**Special Use:**  
 Low level \_\_\_\_\_  
 Unprepared site \_\_\_\_\_  
 Smokejumper \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

#### Last 12 months:

**PIC Helicopter** \_\_\_\_\_  
**Special Use:**  
 Low level \_\_\_\_\_  
 Bucket \_\_\_\_\_  
 Long line \_\_\_\_\_  
 Aerial ignition \_\_\_\_\_  
 Mountain \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**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 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 contract specifications.
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, changed 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	<input type="checkbox"/> Lead Plane/Air Attack
<input type="checkbox"/> Unprepared Site	<input type="checkbox"/> Aerial Ignition	<input type="checkbox"/> Other _____
<input type="checkbox"/> External Loads	<input type="checkbox"/> Airtanker Coordinator	<input type="checkbox"/> Other _____

**AUTHORIZED OPERATIONS:**

SEL \_\_\_\_\_ SES \_\_\_\_\_ MEL \_\_\_\_\_ MES \_\_\_\_\_ IFR W/CP \_\_\_\_\_ IFR Single Pilot \_\_\_\_\_

Aircraft 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	<input type="checkbox"/> Low Level	<input type="checkbox"/> External Load
<input type="checkbox"/> Rappel	<input type="checkbox"/> Mountain Flying	<input type="checkbox"/> Long Line
<input type="checkbox"/> Deep Snow Landing	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Animal Gathering/Capture (Device)
<input type="checkbox"/> Platform/Vessel Landing	<input type="checkbox"/> Retardant/Water Dropping	<input type="checkbox"/> Toe-in Single Skid, Stepout
<input type="checkbox"/> Animal Eradication/Tagging	<input type="checkbox"/> Aerial Ignition (Device) _____	<input type="checkbox"/> Other _____

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

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

\_\_\_\_\_

\_\_\_\_\_