

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7015 (10-05)		U.S. COAST GUARD AUXILIARY			TYPE OF REPORT ANNUAL REPORT UPGRADE (CHANGE) NEW (INITIAL) YEAR _____	
PILOT/AIR CREW QUALIFICATION						
SECTION I - PILOT / AIR CREW DATA (IAW FAR 61.56, 57) Completed by member						
MEMBER NUMBER		MEMBER'S LAST NAME, FIRST NAME, MIDDLE INITIAL			MEMBER UNIT	
PILOTS:	CERTIFICATE NUMBER	ISSUE DATE	FAA PILOT TYPE	FAA RATING	FAA FLT REVIEW DATE	
MED CLASS	FAA MED EXP DATE	PIC HRS	FAA CURRENCIES: INSTRUMENT PASSENGER NIGHT			CERT. FLIGHT INSTRUCTOR
AIRCREW:	MEDICAL SCREEN EXP DATE					
ALL:	MEMBER SIGNATURE					
SECTION II - ANNUAL AIR PROGRAM REQUIREMENTS (COMDTINST M16798 SERIES)						
PILOTS:	24 PIC HOURS/12 MONTHS		MIN. MISSION FLIGHT HOURS			
ALL:	AV SAFETY WKSHP DATE		EGRESS TRAINING DATE		WATER SURVIVAL DATE	
SECTION III - BIENNIAL AIR PROGRAM REQUIREMENTS (COMDTINST M16798 SERIES)						
PILOTS:	FLIGHT/SAR CHECK DATE					
SECTION IV - INITIAL OR UPGRADE REQUIREMENTS (COMDTINST M16798 SERIES)						
OBSERVER:	10 MISSION FLIGHT HOURS		NAVIGATION	COMMUNICATIONS		
AIR CREW:	TRAINING SYLLABUS OR PILOT LICENSE			AIR OPS EXAM (B) DATE		
PILOT:	INITIAL FLIGHT HOUR REQUIREMENT 2 MISSIONS AS TRAINEE		FLIGHT/SAR CHECK DATE		AIR OPS EXAM (B) DATE	
ALL:	AIR OPS (A) DATE	AREA FAM. DATE	OPCON			
SECTION V - EXAMINER'S CERTIFICATION						
This member has completed or maintained all necessary requirements and is recommended for the qualification checked:						
Observer Aircrew Co-Pilot First Pilot Aircraft Commander						
EXAMINER NAME		SIGNATURE		MEMBER NUMBER	UNIT	DATE
SECTION VI - DISTRICT STAFF OFFICER - AVIATION (DSO-AV) ENDORSEMENT						
This report has been has been completed in accordance with current program policy.						
DSO-AV NAME		SIGNATURE		DATE		
SECTION VII - DIRAUX ENDORSEMENT						
MEMBER IS DESIGNATED: Observer-O Air Crew-C Co-Pilot-CP First Pilot-FP Aircraft Commander-AC						
DIRAUX NAME		SIGNATURE		DATE	AUXDATA DATE	
REMARKS						

Make sure your letters and numbers are printed like this:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

PILOT/AIR CREW QUALIFICATION

The Air Operations Program requires annual renewal of Co-Pilot, First Pilot, and Aircraft Commander Qualifications. That check list is part of this form.

In the upper right hand corner of the form, check TYPE OF REPORT (annual, new (initial), or upgrade). Note the year.

SECTION I - PILOT / AIR CREW DATA (IAW FAR 61.56, 57) Completed by member

MEMBER NUMBER - Enter the reporting member's number.

MEMBER'S LAST NAME, FIRST NAME, AND MIDDLE INITIAL - Enter the reporting member's last name, first name and middle initial.

UNIT - Enter member's two-digit division and two-digit flotilla numbers.

PILOTS:

PILOT'S CERTIFICATE NUMBER - Enter the Pilots Certificate Number.

ISSUE DATE - Enter the issue date of the Pilot Certificate

FAA PILOT TYPE - Enter pilot certificate type, **ATP** Air Transport Pilot, **COMM** Commercial Pilot, or **PRIV** Private Pilot.

FAA RATING - Enter ratings on Pilot Certificate - **INST** Instrument **RC** Rotor Craft, **MEL** Multi-Engine Land, **SEL** Single Engine Land, **MES** Multi-Engine Sea, **SES** Single Engine Sea

FAA FLT REVIEW DATE - Enter date of most recent Flight Review IAW FARs

MED CLASS - Enter class of FAA Airman Medical Certificate held.

FAA MED DATE - Enter date current FAA Airman Medical Certificate is invalid for use in lowest applicable class.

PIC HRS - Enter total Pilot in Command hours to date.

FAA CURRENCIES - Check applicable box if current per FARs.

CERT. FLIGHT INSTRUCTOR - Check if a CFI.

AIRCREW:

MEDICAL SCREENING DATE - Enter date of most recent Aircrew Medical Screening

ALL - Sign form.

SECTION II ANNUAL AIR PROGRAM REQUIREMENTS (COMDTINST M16798 SERIES)

This section will be completed by the Inspector. The Inspector must be an specifically appointed Aircraft Commander.

PILOTS - Check applicable boxes if current IAW COMDTINST M16798

ALL - Enter Dates for AV SAFETY Workshop, Egress Training, and Water Survival Training

SECTION III - BIENNIAL AIR PROGRAM REQUIREMENTS (COMDTINST M16798 SERIES)

Pilots - Enter Flight/SAR Check Date

SECTION IV - UPGRADE REQUIREMENTS (COMDTINST M16798 SERIES)

OBSERVERS - Check applicable boxes if requirements are met.

AIR CREW

TRAINING SYLLABUS OR PILOT LICENSE - Check box if training syllabus has been completed, or if applicant holds an FAA pilot certificate. Enter Certificate Number in PILOT area of Section I.

AIR OPS EXAM (B) DATE - Enter date Air Ops Training Test (B) was passed.

PILOT

INITIAL FLIGHT HOUR AND 2 MISSIONS AS TRAINEE - Check boxes if requirements have been met.

FLIGHT/SAR CHECK DATE - Enter date of Flight/SAR check.

AIR OPS EXAM (B) DATE - Enter date Air Ops Training Test (B) was passed.

ALL

AIR OPS TNG TEST DATE - Enter date Air Ops Training Test (A) was passed.

AREA FAMILIARIZATION DATE - Enter date Area Familiarization was completed.

OPCON - Enter area in which familiarization flight was conducted

SECTION V - EXAMINER'S CERTIFICATION

Examiner shall check applicable box. Examiner enters examiner's own name, signature, member number, unit and date.

SECTION VI - DISTRICT STAFF OFFICER - AVIATION (DSO-AV) ENDORSEMENT

The DSO-AV signs, dates, and forwards this form to the Director of Auxiliary in member's district or region.

SECTION VII - DIRAUX ENDORSEMENT

This section to be completed by the Director of Auxiliary.

REMARKS

Enter any remarks or comments.