

PERSONNEL DATA INFORMATION AND PILOT CARDING

- Initial Employment with DOI: Please provide all requested information.
 Annual/Interim: Please provide your name, a copy of your medical certificate, your flight time for the last 12 months, your signature, IAT training record and any information that has changed.

PERSONAL INFORMATION

Name: _____ Bureau/Agency: _____
Last First

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

Office Phone (_____) _____ Fax (_____) _____ E-mail _____

Emergency Contact _____ Phone: _____

TRAINING INFORMATION

I am in compliance with all OPM-22 training requirements Yes No
 (Attach a copy of IAT training record)

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	<hr style="border: 1px solid black;"/>	
Total PIC Airplane	<hr style="border: 1px solid black;"/>	PIC Turbine powered <hr style="border: 1px solid black;"/>
PIC Single-engine land	<hr style="border: 1px solid black;"/>	PIC Make & model <hr style="border: 1px solid black;"/>
PIC Multiengine land	<hr style="border: 1px solid black;"/>	PIC Large airplane <hr style="border: 1px solid black;"/>
PIC Single-engine sea	<hr style="border: 1px solid black;"/>	PIC Instrument (Actual) <hr style="border: 1px solid black;"/>
PIC Multiengine sea	<hr style="border: 1px solid black;"/>	PIC Instrument (Sim/Hood) <hr style="border: 1px solid black;"/>
PIC Amphibious airplane	<hr style="border: 1px solid black;"/>	Airplane instructor time <hr style="border: 1px solid black;"/>
Water T/O and landings	<hr style="border: 1px solid black;"/>	Last 12 months:
Land T/O and landings	<hr style="border: 1px solid black;"/>	PIC Airplane <hr style="border: 1px solid black;"/>
PIC Night	<hr style="border: 1px solid black;"/>	PIC Make & model <hr style="border: 1px solid black;"/>
 Total PIC Helicopter	 <hr style="border: 1px solid black;"/>	 Last 12 months:
PIC Helicopter (Recip)	<hr style="border: 1px solid black;"/>	PIC Helicopter <hr style="border: 1px solid black;"/>
PIC Helicopter (Turbine)	<hr style="border: 1px solid black;"/>	PIC Make & model <hr style="border: 1px solid black;"/>
PIC Instrument (Actual)	<hr style="border: 1px solid black;"/>	
PIC Instrument (Sim/Hood)	<hr style="border: 1px solid black;"/>	
PIC Night	<hr style="border: 1px solid black;"/>	
PIC Large helicopter	<hr style="border: 1px solid black;"/>	
PIC Make & model	<hr style="border: 1px solid black;"/>	
Helicopter instructor time	<hr style="border: 1px solid black;"/>	

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 in a 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 the Department Manual.
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, charged 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.)

_____ Low Level	_____ Smokejumper/Paracargo	_____ Lead Plane/ASM
_____ Mountainous Terrain	_____ Air Tactical Pilot	_____ High Altitude Glacier
_____ Wheeled Ops Unprep Lnd Area	_____ Resource Reconnaissance	_____ Off Skiway
_____ External Loads	_____ TAA	_____ Other _____

AUTHORIZED OPERATIONS:

SEL_____ SES_____ MEL_____ MES_____ IFR W/CP_____ IFR Single Pilot_____

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

Remarks: _____ IFR Expiration Date _____

HELICOPTER PILOT CARD

SPECIAL USE APPROVAL: (Inspector shall initial.)

_____ Short Haul LE <input type="checkbox"/> SAR <input type="checkbox"/>	_____ Low Level (recon & surv)	_____ External Load Belly Hook
_____ Rappel	_____ Mountainous Terrain	_____ Long Line VTR (150')
_____ Cargo Letdown	_____ NVG	_____ Hoist
_____ Platform Landing, Offshore	_____ Retardant/Water Delivery	_____ STEP
_____ Vessel Landing	_____ Aerial Ignition PSD <input type="checkbox"/> Torch <input type="checkbox"/>	_____ Snorkel VTR <input type="checkbox"/> Mirror <input type="checkbox"/>
_____ Helitack/PAX transport	_____ Snow Operations (deep snow)	_____ Float Operations (fixed)
_____ Designated "Pilot Trainer"	_____ "Trainee Only" Pilot	_____ ACETA Darting/Paintball
_____ ACETA Net Gun (all ACETA)	_____ ACETA Gathering/Capture (Herding)	_____ ACETA Eradication
_____ Other _____	_____ Other _____	_____ Other _____

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

Remarks: _____
