

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION SJC		DATE OF CHECK 12-16-2016	
NAME OF AIRMAN (last, first, middle initial) Diaz COTTO, Jose Juan				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input checked="" type="checkbox"/>			
PILOT CERTIFICATION INFORMATION:		Grade Commercial		MEDICAL INFORMATION: Date of Exam. 12/16/2016			
		Number		Date of Birth		Class	
EMPLOYED BY Air America, Inc		BASED AT (City, State) San Juan, P.R.		TYPE AIRPLANE (Make/Model) BN-2A N70497			
NAME OF CHECK AIRMAN		SIG. OF CHECK AIRMAN		FLIGHT TIME 1.5		1.0 (other)	
FLIGHT MANEUVERS GRADE (S--Satisfactory U--Unsatisfactory)							
PILOT						Air-craft	
				Simu-lator		Trng. Dev.	
PREFLIGHT				HELICOPTER			
1. Equipment Examination (Oral as condition)				1. Ground and/or Air Taxi			
2. Preflight Inspection				2. Hovering Maneuvers			
3. Taxiing				3. Normal & Crosswind T.O. & Landings			
4. Powerplant Checks				4. High Altitude Takeoffs & Landings			
TAKEOFFS				5. Sim. Engine Failure			
5. Normal				6. Confined Areas, Slopes, & Pinnacles			
6. Instrument				7. Rapid Deceleration (Quick Stops)			
7. Crosswind				8. Autorotations (Single Engine)			
8. With Simulated Powerplant Failure				9. Hovering Autorotations (Single Engine)			
9. Rejected Takeoff				10. Tail Rotor Failures (Oral)			
INFLIGHT MANEUVERS				11. Settling With Power (Oral or Flight)			
10. Steep Turns				SEAPLANE OPERATIONS			
11. Approaches to Stalls				1. Taxiing, Sailing, Docking			
12. Specific Flight Characteristics				2. Step Taxi & Turns			
13. Powerplant Failure				3. Glassy/Rough Water T.O./Landings			
LANDINGS				4. Normal Takeoff & Landings			
14. Normal				5. Crosswind T.O. & Landings			
15. From an ILS				OTHER			
16. Crosswind				6. Ski Plane Ops. (when applicable)			
17. With Simulated Powerplant(s) Failure				GENERAL			
18. Rejected Landing				7. Judgment			
19. From Circling Approach				8. Crew Coordination			
EMERGENCIES				AIRMAN COMPETENCY INFORMATION:			
20. Normal and Abnormal Procedures				Demonstrated Current Knowledge FAR 135.293(a)			
21. Emergency Procedures				Make/Model Expires (12 months) 12/17			
INSTRUMENT PROCEDURES				Demonstrated Competency FAR 135.293(b)			
22. Area Departure				Make/Model Expires (12 months) 12/17			
23. Holding				Satisfactorily Demonstrated Line Checks			
24. Area Arrival				FAR 135.299 Expires (12 months) 12/17			
25. ILS Approaches				Satisfactorily Demonstrated IFR Proficiency			
26. Other Instrument Approaches				FAR 135.297 Expires (6 months) 12/17			
Approaches: NDB/ADF				Use of Autopilot (is not) Authorized.			
VOR				Expires (12 months) 12/17			
ILS				REMARKS Instrument competency demonstrated ILS SJC.			
Other (Specify)							
27. Circling Approaches							
28. Missed Approaches							
29. Comm./Nav. Procedures							
30. Use of Auto. Pilot							
RESULT OF CHECK		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		CHECK AIRMAN'S PERFORMANCE (FAA Only)		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
REGION SO		DISTRICT OFFICE FSDO-63		FAA INSPECTOR'S SIGNATURE			

TRAINING MANUAL

RECORD OF TRAINING
 (TR-1)

NAME: Jose Juan Diaz DUTY POSITION: _____ PIC
 AIRCRAFT: BW-2A-21 SIC

TRAINING Received FAR:	ELIGIBILITY:	BASE MONTH
INITIAL <input checked="" type="checkbox"/> 135.331, 345 TRANSITION <input type="checkbox"/> 135.345 UPGRADE <input type="checkbox"/> 135.347 RECURRENT <input type="checkbox"/> 135.351 REQUALIFICATION <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> 135.339 CHECK AIRMAN <input type="checkbox"/> 135.339		<div style="border: 1px solid black; padding: 5px; display: inline-block;">December</div>
		CONDUCTED DURING: PRE MONTH <input type="checkbox"/> DUE MONTH <input type="checkbox"/> POST MONTH <input type="checkbox"/>

CURRICULUM SEGMENT	INSTRUCTOR	DATE
BASIC INDOCTRINATION	B. Molina	12-04-2016
GENERAL EMERGENCY*	B. Molina	12-05-2016
*SITUATION AND DRILL <input checked="" type="checkbox"/> 12mo.	B. Molina	12-06-2016
*HANDS-ON DRILL <input type="checkbox"/> 24mo.		
AIRCRAFT GROUND	B. Molina	12-05-2016
FLIGHT		
HAZARDOUS MATERIALS	B. Molina	12-06-2016
EMS	B. Molina	12-13-2016
INSTRUCTOR/CHECK AIRMAN FLIGHT		
Operational Control	B. Molina	11-30-2016
CRM	B. Molina	11-30-2016
GNT-650	B. Molina	11-30-2016

I certify the above Record of Training is correct and the training entered was completed satisfactorily

12-15-2016 Date [Signature] Signature DO Title

(Use reverse side for comments)

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: BN-2A-21

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

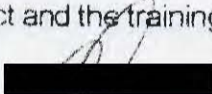
CURRICULUM SEGMENT: Basic Tubetraction

TRAINEE NAMES:	HOURS:	DATE:
<u>Jose J. Diaz</u>	<u>2 hrs</u>	<u>11-30-2016</u>
	<u>8 hrs</u>	<u>12-02-2016</u>
	<u>8 hrs</u>	<u>12-03-2016</u>
	<u>6 hrs</u>	<u>12-07-2016</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory

12-15-2016
Date:


Signature:

DO
Title:

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: BW-2A-21

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

CURRICULUM SEGMENT: Aircraft Ground

TRAINEE NAMES:	HOURS	DATE
<u>Jose J. Diaz</u>	<u>8hrs</u>	<u>11-23-2016</u>
	<u>5hrs</u>	<u>11-28-2016</u>
	<u>5hrs</u>	<u>12-03-2016</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory

12-15-2016
Date:

[Signature]
Signature:

D.O.
Title:

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: BU-2A-21

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

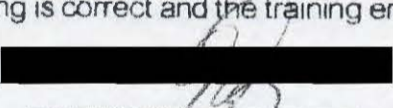
CURRICULUM SEGMENT: General Emergency

TRAINEE NAMES:	HOURS:	DATE:
<u>Jare J. Diaz</u>	<u>2hrs</u>	<u>12-05-2016</u>
	<u>2hrs</u>	<u>12-06-2016</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory

12-15-2016
Date:


Signature:

D.O.
Title:

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: BW-2A-21

POSITION: PIC
SIC

TRAINING RECEIVED:

- | | | | |
|------------|-------------------------------------|-----------------|--------------------------|
| Initial | <input checked="" type="checkbox"/> | Requalification | <input type="checkbox"/> |
| Transition | <input type="checkbox"/> | Instructor | <input type="checkbox"/> |
| Upgrade | <input type="checkbox"/> | Check Airman | <input type="checkbox"/> |
| Recurrent | <input type="checkbox"/> | | |

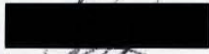
CURRICULUM SEGMENT: Haz Mat

TRAINEE NAMES:	HOURS:	DATE:
<u>José J. Diaz</u>	<u>2 hrs</u>	<u>12-06-2016</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory.

12-15-2016
Date:


Signature:

DO
Title:

TRAINING MANUAL

GROUND TRAINING ATTANDANCE RECORD
(TR-5)

AIRCRAFT: BH-2A-21

POSITION: PIC
SIC

TRAINING RECIEVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

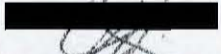
CURRICULUM SEGMENT: EMS Training

TRAINEE NAMES:	HOURS:	DATE:
<u>Jose Diaz Cotto</u>	<u>8.0</u>	<u>02-13-2017</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory.

12-15-2017
Date:


Signature:

DO
Title:

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: BU-2A-21

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

CURRICULUM SEGMENT: Operational Control

TRAINEE NAMES:

HOURS:

DATE:

Jose J. Diaz

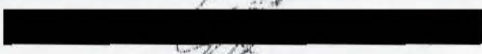
2 hrs

11-30-2016

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory.

12-15-2016
Date:


Signature:

D.O.
Title:

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: BW-2A-21

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

CURRICULUM SEGMENT: CRM

TRAINEE NAMES:

HOURS:

DATE:

Jose J. Diaz

2 hrs

11-30-2016

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory.

12-15-2016
Date:

[Redacted Signature]
Signature:

P.O.
Title:

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: BN-2A-21

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

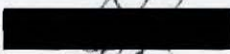
CURRICULUM SEGMENT: GTN-650

TRAINEE NAMES:	HOURS:	DATE:
<u>JOSE J. DIAZ</u>	<u>4 hrs</u>	<u>11-30-2016</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory.

12-15-2016
Date:


Signature:

P.O.
Title:

TRAINING MANUAL

FLIGHT TRAINING RECORD
 (TR-6)

NAME:	HOURS	DATE	INSTRUCTOR
Jose J. Diaz			
A/C TYPE BU-2A-21	1 2.0	12-05-16	B. Mohler
POSITION: PIC <input checked="" type="checkbox"/> SIC <input type="checkbox"/>	2 1.2	12-05-16	B. Mohler
DATE COMPLETED: 12-15-2016	3 1.1	12-08-16	B. Mohler
TOTAL HOURS: 9.3 hrs	4 1.7	12-09-16	B. Mohler
RECOMMENDED PRIOR BY:	5 1.3	12-10-16	B. Mohler
CHECK AIRMAN:	6 2.0	12-15-16	B. Mohler
INSTRUCTOR: B. Mohler	7		

SAT. UNSAT.

MODULES [s] or [u]	1	2	3	4	5	6	7
PREPARATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SURFACE OPERATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TAKEOFFS:							
NORMAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-WIND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REJECTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EN ROUTE:							
INSTRUMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STEEP TURNS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOLDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROACHES:							
PRECISION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-PRECISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LANDINGS:							
MISSED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NORMAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-WIND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REJECTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONE ENG. INOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO FLAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMERGENCY PROCEDURES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AUTOPILOT PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify the above RECORD OF TRAINING is correct and the training entered was completed satisfactory.

Date 12-15-16 Signature [Redacted] Title D.O.

Note: Use reverse side for additional comments

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION STU	DATE OF CHECK 5/25/2017
NAME OF AIRMAN (last, first, middle initial) Diaz COTTO, Jose Juan				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input checked="" type="checkbox"/>	
PILOT CERTIFICATION INFORMATION: Grade: Commercial Number: [REDACTED]		MEDICAL INFORMATION: Date of Exam. 11/31/1994 Class: 12/17/2016			
EMPLOYED BY Air American		BASED AT (City, State) San Juan, P.R.		TYPE AIRPLANE (Make/Model) PA-23 V6 2/77	
NAME OF CHECK AIRMAN		SIG OF CHECK AIRMAN		FLIGHT TIME 1.0 Oral 1.0	
FLIGHT MANEUVERS GRADE (S - Satisfactory, U - Unsatisfactory)					
PILOT				Av. Simu Trng. Dev.	
				craft letor Dev.	
PREFLIGHT			HELICOPTER		
1. Equipment Examination (Oral or written)	S			1. Ground and/or Air Taxi	
2. Preflight Inspection	S			2. Hovering Maneuvers	
3. Taxiing	S			3. Normal & Crosswind T.O. & Landings	
4. Powerplant Checks	S			4. High Altitude Takeoffs & Landings	
TAKEOFFS			5. Sim. Engine Failure		
5. Normal	S			6. Confined Areas, Slopes, & Pinnacles	
6. Instrument	S			7. Rapid Deceleration (Quick Stops)	
7. Crosswind	S			8. Autorotations (Single Engine)	
8. With Simulated Powerplant Failure	S			9. Hovering Autorotations (Single Engine)	
9. Rejected Takeoff	S			10. Tail Rotor Failures (Oral)	
INFLIGHT MANEUVERS			11. Settling With Power (Oral or Flight)		
10. Steep Turns	S			SEAPLANE OPERATIONS	
11. Approaches to Stalls	S			1. Taxiing, Sailing, Docking	
12. Specific Flight Characteristics	S			2. Step Taxi & Turns	
13. Powerplant Failure	S			3. Glassy/Rough Water T.O./Landings	
LANDINGS			4. Normal Takeoff & Landings		
14. Normal	S			5. Crosswind T.O. & Landings	
15. From an ILS	S			OTHER	
16. Crosswind	S			6. Ski Plane Ops. (when applicable)	
17. With Simulated Powerplant(s) Failure	S			GENERAL	
18. Rejected Landing	S			7. Judgment	S
19. From Circling Approach	S			8. Crew Coordination	S
EMERGENCIES			AIRMAN COMPETENCY INFORMATION:		
20. Normal and Abnormal Procedures	S			Demonstrated Current Knowledge FAR 135.293(a)	
21. Emergency Procedures	S			Make/Model Expires (12 months) (5/2018)	
INSTRUMENT PROCEDURES			Demonstrated Competency FAR 135.293(b)		
22. Area Departure				Make/Model Expires (12 months) (5/2018)	
23. Holding				Satisfactorily Demonstrated Line Checks	
24. Area Arrival				FAR 135.299 Expires (12 months) (5/2018)	
25. ILS Approaches	S			Satisfactorily Demonstrated IFR Proficiency	
26. Other Instrument Approaches				FAR 135.297 Expires (6 months) (N/A)	
Approaches: NDB/ADF				Use of Autopilot (is not) Authorized.	
VOR				Expires (12 months) (N/A)	
ILS				REMARKS	
Other (Specify)				Base month established May/2018	
27. Circling Approaches					
28. Missed Approaches					
29. Comm./Nav. Procedures	S				
30. Use of Auto. Pilot					
RESULT OF CHECK <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		CHECK AIRMAN'S PERFORMANCE (FAA Only)		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
REGION SO		DISTRICT OFFICE FSDO-63		FAA INSPECTOR'S SIGNATURE [REDACTED]	

TRAINING MANUAL

RECORD OF TRAINING
 (TR-1)

NAME: Jose Diaz Cotto DUTY POSITION: _____ PIC
 AIRCRAFT: PA-23 250 SIC

TRAINING RECIEVED FAR:		ELIGIBILITY:	BASE MONTH
INITIAL	<input checked="" type="checkbox"/> 135.331, 345		<u>April</u>
TRANSITION	<input type="checkbox"/> 135.345		
UPGRADE	<input type="checkbox"/> 135.347		
RECURRENT	<input type="checkbox"/> 135.351		
REQUALIFICATION	<input type="checkbox"/>		
INSTRUCTOR	<input type="checkbox"/> 135.339	CONDUCTED DURING: PRE MONTH	<input type="checkbox"/>
CHECK AIRMAN	<input type="checkbox"/> 135.339	DUE MONTH	<input type="checkbox"/>
		POST MONTH	<input type="checkbox"/>

CURRICULUM SEGMENT	INSTRUCTOR	DATE
BASIC INDOCTRINATION		
GENERAL EMERGENCY*	<u>B. Molina</u>	<u>02-28-2017</u>
*SITUATION AND DRILL <input checked="" type="checkbox"/> 12mo.	<u>B. Molina</u>	<u>02-28-2017</u>
*HANDS-ON DRILL <input type="checkbox"/> 24mo.		
AIRCRAFT GROUND	<u>B. Molina</u>	<u>02-23-2017</u>
FLIGHT	<u>B. Molina</u>	<u>04-17-2017</u>
HAZARDOUS MATERIALS		
INSTRUCTOR/CHECK AIRMAN GROUND		
INSTRUCTOR/CHECK AIRMAN FLIGHT		

I certify the above Record of Training is correct and the training entered was completed satisfactorily

04-17-2017 Date [Signature] Signature DC Title

(Use reverse side for comments)

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: PA-23-250

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

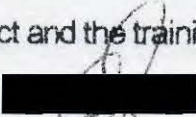
CURRICULUM SEGMENT: Aircraft Ground

TRAINEE NAMES:	HOURS:	DATE:
<u>Jose Diaz Cotto</u>	<u>8.0</u>	<u>04-20-2017</u>
	<u>8.0</u>	<u>04-22-2017</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory.

04-17-2017
Date:


Signature:

TO
Title:

TRAINING MANUAL

GROUND TRAINING ATTENDANCE RECORD
(TR-5)

AIRCRAFT: PA-23-250

POSITION: PIC
SIC

TRAINING RECEIVED:

- Initial Requalification
- Transition Instructor
- Upgrade Check Airman
- Recurrent

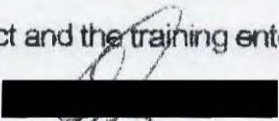
CURRICULUM SEGMENT: General Emergency

TRAINEE NAMES:	HOURS:	DATE:
<u>Jose Diaz Cotto</u>	<u>7.0</u>	<u>02-06-2017</u>
	<u>8.0</u>	<u>02-28-2017</u>

USE REVERSE SIDE FOR ADDITIONAL COMMENTS

I certify the above Record of Training is correct and the training entered was completed satisfactory

04-17-2017
Date:


Signature:

DU
Title:

TRAINING MANUAL

FLIGHT TRAINING RECORD
 (TR-6)

NAME:	HOURS	DATE	INSTRUCTOR
Jose Diaz Cotto			
AVC TYPE PA-23-250	1 20	03-26-17	B. Melton
POSITION: PIC <input checked="" type="checkbox"/> SIC <input type="checkbox"/>	2 20	03-08-17	B. Melton
DATE COMPLETED: 4-17-2017	3 1.5	03-21-17	B. Melton
TOTAL HOURS: 8.4	4 1.5	03-30-17	B. Melton
RECOMMENDED PRIOR BY: BMS	5 1.4	04-17-17	B. Melton
CHECK AIRMAN:	6		
	7		

SAT. UNSAT.

MODULES [s] or [u]	1	2	3	4	5	6	7
PREPARATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SURFACE OPERATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAKEOFFS:							
NORMAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-WIND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI-CUT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REJECTED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EN ROUTE:							
INSTRUMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STEEP TURNS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOLDING/Slow Flight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROACHES:							
PRECISION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-PRECISION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCLING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MISSED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LANDINGS:							
NORMAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-WIND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REJECTED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONE ENG. INOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO FLAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY PROCEDURES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify the above RECORD OF TRAINING is correct and the training entered was completed satisfactory.

Date 04-17-2017 Signature [Redacted] Title DO

Note: Use reverse side for additional comments



FLIGHT / DUTY

TIME SUMMARY

MONTH & YEAR

NAME

DATE	DUTY TIME (hh mm)				FLIGHT TIME									LANDINGS		REMARKS
	ON	OFF	TOTAL	REST	PA 23	PA 31	BN2A	C421	DAY	NIGHT	INST.	# APP.	TOTAL	DAY	NIGHT	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23	08:00	18:30														Aircraft Ground
24																
25																
26																
27																
28	12:00	18:00														Aircraft Ground
29																
30	08:00	17:00														Operational Control-CRM-GPS
31																