

U.S. Department of Transportation Federal Aviation Administration Airman Details Report

Personal Information: CHESTER SCOTT MONROE

Address is not available

Medical Information:

No Medical Available.

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 3/6/2012

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER
INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.

3	DEPARTMENT FEDERAL AVIA			Airr	nan (Certif	icate	and/	or Ra	ting A	pplica	ation	フェ		.		
Addi Fligh			Renewal			☐ Airpla	Priva ne Multieng	ine 🖃	Commerc Rotorcraft Instructor I	t [Rating [Balloon Ground	Instructor		Craft ☐ Instrum ☐ Glider			
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	e, Zip Code						H. Height		I. Weight		J. Hair	<u> </u>	K. Eyes	·····	Yes L. Sex	No	
20 VOU	inow hold, or have ye	786	OZ an EAA Bild	t Cortificate?		· · · · · · · · · · · · · · · · · · ·	N Gmdo D	ilot Certificat	<u> </u>							me emale	
Jo you	now now, or nave y	ou ever neiu		Yes		No	1	ااما Ceruncai محدرکد (е	O. Certificate	Number	Ī		P. Date Issu		٥7	
Do you hold a Yes R. Class of Certificate						S. Date Iss	S. Date Issued				T. Name of Examiner						
	ou ever been convicte	ed for violation	No on of any Fe	Secandar State		lating to nar	Cofic drugs in	31 Ze		r efimulant day		<u> </u>	fruh				
									Yes		or substan No	ices?		V. Date of F	inal Convic	tion	
Certif	icate or Rating A																
X '	Completion of Required Test	1. Aircraft		if flight test r		7 2				raft / SIM / FTD		2b. Pilot in command					
— F		1. Service	K-0	(۴ لاحی:۱۷	<u> </u>	K-22 8.	ta I	ta D 2-44 400 / 650 R-22				\$	395/2-22 600 hours 3. Rank or Grade and Service Number				
	Competence Obtained In	4a. Flown 10 hours PIC in last 12 months in the following Mili														,ei	
	Obtained in	4a. Flown	IV nours PIC	in last 12 mo	onuns in the i	rollowing Mi	tary Aircraft. 4b. US Militar				ary PIC & Instrument check in last 12 months (List Aircraft)						
	Graduate of	1. Name an	d Location	of Training A	gency or Tra	ining Center				J			1a. Certification Number				
	Approved Course	2. Curriculu	ım From Wi	ich Graduate	d							3. Date					
													s. Date				
	Holder of Foreign	1. Country					2. Grade of	2. Grade of License					3. Number				
	License Issued By	4. Ratings		* · · · · · · · · · · · · · · · · · · ·			<u></u>					<u> </u>					
—— E		1. Name of	Air Carrier						2. Date			12 Which O.					
	Completion of Air Carrier's Approved										3. Which Curriculum				 -		
RECO	Training Program ORD OF PILOT TI	ME (Do no	ot write in	the shade	d areas.)				<u> </u>			Initia		Upgrade	Tre	ansition	
	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-off/ Landings	Night PIC	Night Take-Off/ Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number Power Launch	
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rplanes			<u> </u>	SIC PIC		ļ	SIC PIC CO		ļ		SIC	SIC PIC					
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Have y	you failed a test for						Yes									CO COLOR	
Applie	cants's Certificat ree that they are	to be con	rtify that	all stateme	nts and a	nswers p	rovided by	me on this	s application	on form are	complete	and true to	the best	of my kno	wiedge		
at acc	ompanies this fo	rm.	Cidereu a	- part Or II			~ or any F.	, ociuit	~ie w me.	nave also		unuerstand	i ine Priva	acy Act sta	πement		
inature	of Applicant										Date	, — —					
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		Instructo	or's Recomme					·
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ate	Instructor's Signatur	e (Print Name & Sign)	Certific	ate No:	dy to take the	e test.	Certifica	te Expires
							l	
he applicant has successfully	completed our	Air Agend	cy's Recomme	ndation				
rithout further		test.		course, an	a is recomme	ended for co	ertification or rating	
ate	Agency Name and Nu	ımber			Officials Si	gnature		
					Title			
	Desig	nated Examiner or Air	man Cortificat	ion Bonne				
I have personally reviewe	d this applicant's pilot le certificate or rating sout d this applicant's gradu- nd/or verified this appli- Approved – Tempora Disapproved – Disapp	ogbook and/or training record on	ed certify that the indi e appropriate and in a procedures and stan	vidual meets ti	he pertinent r	equirement	ts	
	•				Gro	und	Duration of Test Simulator/FTD	Flight
ertificate or Rating for Which T	ested		Type(s) of Aircraft	Used	<u></u>	Registration		r ngitt
ate Exami	ner's Signature (Jugious	140.(a)	
LAGIII	ner a Signature (Print Name & Sign)	Certifica	te No.		Designatio	n No.	Designation Expires
	Evalu	ator's Record (Use Fo	s ATD Contition	-4		<u> </u>		<u> </u>
oral pproved Simulator/Training De- ircraft Flight Check dvanced Qualification Program			- Cignata	re and Certifica	ate Number			Date
	ed – Temporary Certific	Aviation Safety Ins h or have otherwise verified that: are issued (Original Attached)	this applicant compli	hnician Ro	nt procedure		nal Attached)	
VERRITY A.	5-1				, Grou	nd	Duration of Test Simulator/FTD	FUZIV
VERACITY HUIRT ertificate or Rating for Which Te) on JEGU,	M X	21		4.5		_	Flight
ASSISTMAT CHIEF FLO	Cott Instruction	M TX ROBLEMETHELLOPTE PRIVATE, COMMERCIAL INSTRUMENT	Type(s) of Aircraft (Jsed		Registration	No.(s)	
Student Pilot Certificate Issu	ed	Certificate or Rating Ba	sed on				474 FA	
Examiner's Recommendation		Military Compet			<u>-</u>	light Instru Renewal	ictor Ground	l instructor
Accepted R	ejected	Foreign License				Reinstate	ement	
Special Medical test conduct	ed - report forwarded	Approved Cours				nstructor R	enewal Based on	
to Aeromedical Certification		Collet Approved	FAA Qualification Cr	iteria	<u>_</u>	Activity	Trainin	g Course
aining Course (FIRC) Name					L.	Test	Duties	and oonsibilities
aming doubte (i into) Name		Gradua	tion Certificate No.				Date	oorsibilities
te Inspecto	or's Signature	(Print Name & Sign)			O- 475			
11/08/2011 -		JOHN H-BOAT	~	ľ	Certificate No).	FAA Distric	_
achments:	, , <u>, , , , , , , , , , , , , , , , , </u>	Airman's Identification (ID)	1	—— <u> </u>			LB356	13/ASWEDT
Student Pilot Certificate (Cop	у)		Lic	,	D:			
Knowledge Test Report		Form of ID			Name:	JESTEZ	5. Monko	E
Temporary Airman Certificate	1	Number /25/2013			Date of Birth:			<u></u>
Notice of Disapproval		Expiration, Date			Certificate Nu	mber:	per annu	
Superseded Airman Certificat		Telephone Number			E-Mail Addres	is		
A Form 8710-1 (4-00) Supersede		Electronic Version (A	(doha)					
	•	Proprietation Activity (N	74006)					

TYPE OR PR	INT ALL ENTRIES IN	INK												Approved		30/2010		
3	DEPARTMENT OF	F TRANSPORT ON ADMINISTE	ATION PATION	Airm	an C	ertifi			r Rati	ing Ap	plica	tion						
Additio	ion Information nal Rating		-	ingle-Engine			☐ Private e Multiengin	ne 🗆	Commercia Rotorcraft Instructor Ra	ੂ	Airline Tra			Instrume Glider		ed-Lift		
	nstructor Init		enewal Reexamina	_ Reinstaten ation		Reissuanc	e of			_ certificate	Ground in	structor	Other_13	3				
A. Name (Las	st, First, Middle)						B. SSN (US (Only)		C. Date of Birth Month		'ear	D. Place of I	Birth				
从の 1 i E. Address	oz Chest	« : S.	Cott				F. Citizenshi	p		Specify		G. Do you re	ad, speak, v	vrite, & under	stand			
, Bushing Usa Other the English language? Tyes No											¬ _{No}							
City, State, Zip Code						H. Height I. Weight			J. Hair		K. Eyes		L Sex					
Basting Teras 78402 M. Do you now hold, or have you ever held an FAA Pilot Certificate?							N. Grade Pilot Certificate O. Certificate			Female								
M. Do you no	ow hold, or have you	ı ever held a			П			£		O. Certificate N	P. Date Issued Dec 20-7							
Q. Do you hold a Yes R. Class of Certificate S. Date Issued									Issued T. Name of Examiner					200 -				
	Certificate?		No	Seco				31/20			Jery		-ruhil	Kzy				
	ever been convicted				statutes rela	iting to narce	otic drugs, m		Yes		or substance	es?		V. Date of Fi	nal Convicti	on		
II. Certific	ate or Rating A			of: flight test red	quirod)			2a. Total tim	e in this aircr	aft/SIM/FTD			2b. Pilot in					
	Completion of Required Test		2-44 <u>.</u>	-	quireaj			24. 1544. 411.	ic in this all of	468	hours			G 3				
	Military	1. Service	- 1 1 1	20-20 .IL.				2. Date Rate	d		nours			Grade and Se	hours rvice Numb	er		
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C. 1. Name and Location of Training Agency or Training Center						1a. Certification Number												
1	Approved	2 Curriculu	iculum From Which Graduated										3. Date					
Course 2. Curriculum From Which Graduated																		
D.	Holder of Foreign	1. Country					2. Grade of License					3. Number						
1	License	4, Ratings											····					
	issued by	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																
E.	Completion of Air	1. Name of	Air Camer				2. Date				3. Which Curriculum							
	Carrier's Approved Training Program								Initial Upgrade Transition									
III RECOR	RD OF PILOT TI	ME (Do no	t write in	the shade	d areas.) Cross	r	T		Night	Night						Γ "''		
	Total	Instruction Received	Solo	in Command	Country Instruction	Cross Country Solo	Cross Country PIC	Instrument	Instruction Received	Take-off/ Landings	Night PIC	Night Take-Off/ Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered		
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Gliders						<u> </u>			Signer.	1790								
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Simulator Training									- 17546									
Device PCATD							3,536.00					100		2.11M				
IV. Have v	ou failed a test for	this certifi	cate or rati	ng?			Yes		No.									
V. Applic	ants's Certificat	tion I ce to be con	rtify that a sidered a	all stateme s part of th	nts and a e basis fo	nswers pi or issuand	rovided by se of any F	Me on thi	s applicationate attention at the same at	I have also	complete a read and ι	ind true to inderstand	the best the Priva	of my kno acy Act sta	wledge atement			
that acco	mpanies this fo	rm.									Date		· · · · · · · · · · · · · · · · · · ·					
Signature	of Applicant	17/									1	- /						

Instructor's Recommendation ! have personally instructed the applicant and consider this person ready to take the test.											
Date	Instructor's Signature (Print Name & Sign)		Certificate No:		Certificate	Certificate Expires					
The applicant has successfully o		gency's Reco	ommendation course, and	is recommended for cer	tification or rating						
Date	Agency Name and Number	····		Officials Signature							
				Title		··					
				L							
Designated Examiner or Airman Certification Representative Report Student Pilot Certificate Issued (Copy attached) I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the certificate or rating sought. I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. Approved — Temporary Certificate Issued (Original Attached) Disapproved — Disapproval Notice Issued (Original Attached)											
Location of Test (Facility, City, S				Ground	Duration of Test						
		lee ()			Simulator/FTD	Flight					
Certificate or Rating for Which T	ested	Type(s) o	of Aircraft Used	Registratio	n No.(s)						
Date Exami	ner's Signature (Print Name & Sign)		Certificate No.	Designation	n No.	Designation Expires					
Evaluator's Record (Use For ATP Certificate and/or Type Ratings) Inspector Examiner Signature and Certificate Number Date Oral											
Aviation Safety Inspector or Technician Report I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. Approved — Temporary Certificate Issued (Original Attached) Disapproved — Disapproval Notice Issued (Original Attached)											
Location of Test (Facility, City, S				Ground	Duration of Test Simulator/FTD	Flight					
SEGUIN TZ Certificate or Rating for Which T	W :<>	/ Time(s) s	of Aircroft Hond	0.5		0.4					
Certificate or Rating for Which I	ested Knowiescez	r Type(s) c	Aircraft/Used	Registratio	n No.(s) 74 <i>F/</i> 7						
Student Pilot Certificate Iss	sued Certificate or Re on Military of Rejected Foreign ot Certificate Approve cted report forwarded Other Ag	nting Based on Competence License d Course Graduat oproved FAA Quali	e eification Criteria	Flight Instr Renewa Reinstaf	uctor Groun I I Iement Renewal Based on Traini Duties	ng Course and sponsibilities					
Training Course (FIRC) Name		Graduation Certif	icate No.		Date						
Date		OH~ H. Bu	27 R1 G-13.	Certificate No.	FAA Distr	ct Office W.3/ASWEST					
Attachments: Student Pilot Certificate (Co	Number, 72.73	en (ID) SE'S CIC		ID: Name: CHSTE Date of Birth:		25					
Expiration Date Certificate Number:											
Superseded Airman Certific	· ·			E-Mail Address							