



**Federal Aviation
Administration**

**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.



DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

Rotorcraft Helicopter

Application Information
☐ Student ☐ Recreational ☒ Private ☒ Commercial ☐ Airline Transport
☐ Airplane Single-Engine ☐ Airplane Multiengine ☒ Rotorcraft ☐ Balloon ☐ Airship ☒ Instrument
 Flight Instructor ☐ Initial ☐ Renewal ☐ Reinstatement ☐ Additional Instructor Rating ☐ Ground Instructor ☒ Other *(41 Ass. Chief)*
 Medical Flight Test ☐ Reexamination ☐ Reissuance of certificate

Name (Last, First, Middle) *Monroe Chester Scott*
 Address *[Redacted]*
 City, State, Zip Code *Bastrop, TX 78602*
 B. SSN (US Only) *[Redacted]*
 C. Date of Birth *[Redacted]*
 D. Place of Birth *[Redacted]*
 F. Citizenship ☒ USA ☐ Other *[Redacted]*
 G. Do you read, speak, write, & understand the English language? ☒ Yes ☐ No
 H. Height *[Redacted]* I. Weight *[Redacted]* J. Hair *[Redacted]* K. Eyes *[Redacted]* L. Sex ☐ Male ☐ Female
 Do you now hold, or have you ever held an FAA Pilot Certificate? ☐ Yes ☐ No
 N. Grade Pilot Certificate *Commercial* O. Certificate Number *[Redacted]* P. Date Issued *Dec 2007*
 Do you hold a Medical Certificate? ☒ Yes ☐ No R. Class of Certificate *Second* S. Date Issued *3/31/2011* T. Name of Examiner *Jay L Gruhlkey*
 Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? ☐ Yes ☒ No V. Date of Final Conviction

Certificate or Rating Applied For on Basis of:

☒ A. Completion of Required Test
 1. Aircraft to be used (if flight test required) *R-44 Raven II 2-22 Beta II*
 2a. Total time in this aircraft / SIM / FTD *244 400 / 650 R-22* hours
 2b. Pilot in command *44 395 / 222 600* hours
☐ B. Military Competence Obtained In
 1. Service
 2. Date Rated
 3. Rank or Grade and Service Number
 4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft
 4b. US Military PIC & Instrument check in last 12 months (List Aircraft)
☐ C. Graduate of Approved Course
 1. Name and Location of Training Agency or Training Center
 2. Curriculum From Which Graduated
 1a. Certification Number
 3. Date
☐ D. Holder of Foreign License Issued By
 1. Country
 2. Grade of License
 3. Number
 4. Ratings
☐ E. Completion of Air Carrier's Approved Training Program
 1. Name of Air Carrier
 2. Date
 3. Which Curriculum ☐ Initial ☐ Upgrade ☐ Transition

RECORD OF PILOT TIME (Do not write in the shaded areas.)

	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 of Power Launches
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Rotorcraft	1130	200	165	PIC 1067.2 SIC	30	613.5	PIC 582 SIC	55.4	5	46	PIC 70.7 SIC	PIC 300 SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Glider																
Fighter or Air																
Simulator Training Device		20						20								
Other																

Have you failed a test for this certificate or rating? ☐ Yes ☒ No

Applicants's Certification - I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant *[Signature]* Date *11/8/2011*

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Certificate Expires
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Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Officials Signature	Title
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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, State)		Duration of Test		
		Ground	Simulator/FTD	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		
		Registration No.(s)		
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires

Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Initial	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>		

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, State)		Duration of Test		
VERACITY AVIATION SEGUIN TX		Ground	Simulator/FTD	Flight
4.5				1.4
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		
ASSISTANT CHIEF FLIGHT INSTRUCTOR		R-44		
ROTORCRAFT HELICOPTER PRIVATE, COMMERCIAL INSTRUMENT		Registration No.(s)		
		N474FA		
<input type="checkbox"/> Student Pilot Certificate Issued		<input type="checkbox"/> Certificate or Rating Based on		
<input type="checkbox"/> Examiner's Recommendation		<input type="checkbox"/> Flight Instructor		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		<input type="checkbox"/> Renewal		
<input type="checkbox"/> Reissue or Exchange of Pilot Certificate		<input type="checkbox"/> Reinstatement		
<input type="checkbox"/> Special Medical test conducted – report forwarded to Aeromedical Certification Branch, AAM-330		Instructor Renewal Based on		
		<input type="checkbox"/> Activity <input type="checkbox"/> Training Course		
		<input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities		
Training Course (FIRC) Name		Graduation Certificate No.		Date

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
11/08/2011	JOHN H. BOATRIGHT		LBSW13/ASW204
Attachments:			
<input checked="" type="checkbox"/> Student Pilot Certificate (Copy)			
<input type="checkbox"/> Knowledge Test Report			
<input type="checkbox"/> Temporary Airman Certificate			
<input type="checkbox"/> Notice of Disapproval			
<input type="checkbox"/> Superseded Airman Certificate			
Airman's Identification (ID)			
Form of ID			
TEXAS DRIVER'S LIC			
Number			
02/25/2013			
Expiration Date			
Telephone Number			
ID:			
Name: CHESTER S. MURDOE			
Date of Birth:			
Certificate Number:			
E-Mail Address:			

TYPE OR PRINT ALL ENTRIES IN INK

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

I. Application Information		<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Private	<input type="checkbox"/> Commercial	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Instrument
<input type="checkbox"/> Additional Rating	<input type="checkbox"/> Airplane Single-Engine	<input type="checkbox"/> Airplane Multiengine	<input type="checkbox"/> Rotorcraft	<input type="checkbox"/> Balloon	<input type="checkbox"/> Airship	<input type="checkbox"/> Glider	<input type="checkbox"/> Powered-Lift
<input type="checkbox"/> Flight Instructor Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Additional Instructor Rating	<input type="checkbox"/> Ground Instructor	<input checked="" type="checkbox"/> Other 133		
<input type="checkbox"/> Medical Flight Test	<input type="checkbox"/> Reexamination	<input type="checkbox"/> Reissuance of	certificate				
A. Name (Last, First, Middle) Moroz Chester Scott		B. SSN (US Only) [REDACTED]		C. Date of Birth Month Day Year [REDACTED]		D. Place of Birth [REDACTED]	
E. Address [REDACTED], Bastrop		F. Citizenship <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other		G. Do you read, speak, write, & understand the English language?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip Code Bastrop, Texas 78402		H. Height [REDACTED]	I. Weight [REDACTED]	J. Hair [REDACTED]	K. Eyes [REDACTED]	L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
M. Do you now hold, or have you ever held an FAA Pilot Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		N. Grade Pilot Certificate Commercial		O. Certificate Number [REDACTED]		P. Date Issued Dec 2007	
Q. Do you hold a Medical Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		R. Class of Certificate Second		S. Date Issued 3/21/2011		T. Name of Examiner Jay L Gresham	
U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						V. Date of Final Conviction	

II. Certificate or Rating Applied For on Basis of:

<input type="checkbox"/> A. Completion of Required Test	1. Aircraft to be used (if flight test required) R-44 Raven II	2a. Total time in this aircraft / SIM / FTD 468 hours	2b. Pilot in command 463 hours
<input type="checkbox"/> B. Military Competence Obtained In	1. Service	2. Date Rated	3. Rank or Grade and Service Number
	4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft.	4b. US Military PIC & Instrument check in last 12 months (List Aircraft)	
<input type="checkbox"/> C. Graduate of Approved Course	1. Name and Location of Training Agency or Training Center		1a. Certification Number
	2. Curriculum From Which Graduated		3. Date
<input type="checkbox"/> D. Holder of Foreign License Issued By	1. Country	2. Grade of License	3. Number
	4. Ratings		
<input type="checkbox"/> E. Completion of Air Carrier's Approved Training Program	1. Name of Air Carrier	2. Date	3. Which Curriculum <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition

III RECORD OF PILOT TIME (Do not write in the shaded areas.)

	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 of Powered Launches
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Rotorcraft	1130	200	165	PIC 1067.2 SIC	30	6135	PIC 582 SIC	554	5	40	PIC 707 SIC	PIC 300 SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Glider																
Lighter Than Air																
Simulator Training Device		20						20								
PCATD																

IV. Have you failed a test for this certificate or rating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
V. Applicant's Certification -- I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.	
Signature of Applicant [REDACTED]	Date 11/7/2011

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Certificate Expires
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Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Officials Signature
		Title

Designated Examiner or Airman Certification Representative Report

- ☐ Student Pilot Certificate Issued (Copy attached)
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- ☐ 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, State)		Duration of Test		
		Ground	Simulator/FTD	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires

Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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, State)		Duration of Test		
		Ground	Simulator/FTD	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)
133 EXTERNAL LEAD CHIEF PILOT KNOWLEDGE SKILL		R44		N 474FA
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Special Medical test conducted -- report forwarded to Aeromedical Certification Branch, AAM-330 </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Other Approved FAA Qualification Criteria </div> <div style="width: 30%;"> <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement Instructor Renewal Based on <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities </div> </div>				

Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
11/17/2011	JOHN H. BOATRIGHT		685 SW 3 / ASW 24

Attachments: <input type="checkbox"/> Student Pilot Certificate (Copy) <input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate	<input checked="" type="checkbox"/> Airman's Identification (ID) Form of ID TEXAS DRIVER'S LIC Number: 02/25/2013 Expiration Date: _____ Telephone Number: _____	ID: _____ Name: CHESTER S. MONROE Date of Birth: _____ Certificate Number: _____ E-Mail Address: _____
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