

PILOT RESUME

Name	Roark David Schwanenberg			
Nationality	American			
Home Base	Grants Pass, OR			
DOB				
Passport Number				
Married/Single				
Weight				
Height				
Certificate Number	FAA [REDACTED]			
	Indefinitely			
Position	Command Pilot			
Endorsements	ATP			
	Rotorcraft			
Total Flying Hours	19986			
Hourly Breakdown				
Aircraft	Mountain	Fire Fighting	Military (Army)	Total
Sikorsky S-61	8166	5470	4468	9938
BV-107	3000	1000		3985
BV - 234	2500	1000		3092
UH-1H			1250	1250
Other				1721
Total (hours)	13666	7470	5718	19986
Past Employment				
Past Employment	Missions Flown			
Carson Helicopters	Logging, Firefighting, Heavy Lift Construction			
Experience				
Experience	Vertical Reference, Logging, Heavy Lift, Firefighting			

AIRCREW TRAINING MANUAL

Section -6 Record Keeping

6.5. RECORD OF TRAINING (TR-1)

NAME: Roark Schwanenberg		DUTY POSITION: Circle One <input checked="" type="checkbox"/> PIC <input type="checkbox"/> SIC	
AIRCRAFT: SK-61		BASE MONTH: June	
TRAINING RECEIVED: Circle One <input checked="" type="checkbox"/> Transition <input type="checkbox"/> Upgrade <input type="checkbox"/> Recurrent <input type="checkbox"/> Re-qualification <input type="checkbox"/> Instructor <input type="checkbox"/> Check Airman		FAR: 135.331, .345 135.135 135.347 135.351	ELIGIBILITY: Conducted During: Pre Month: Due Month:June Post Month:
CURRICULUM SEGMENTS	INSTRUCTOR		DATE
Basic Indoctrination	J.H.		06/19/2008
General Emergency: Situation and Drill <input checked="" type="checkbox"/> 12 mo. Hands-on Drill <input checked="" type="checkbox"/> 24 mo.	J.H.		06/23/2008
Aircraft Ground	J.H.		06/20/2008
Special	J.H.		06/20/2008
Flight	J.H.		06/22/2008
Hazardous Materials	J.H.		06/19/2008
Qualification	J.H.		06/22/2008
Instructor/Check Airman Ground	NA		
Instructor/Check Airman Flight	NA		

USE REVERSE SIDE FOR COMMENTS.

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

06/23/2008
Date


Signature

Chief Pilot
Title

6.6. IOE/LINE CHECK

PERMANENT RECORD

File: 06-ATM

RECORD KEEPING

Date: 10/26/2004

Revision No. ORIGINAL

Section 6-7

AIRCREW TRAINING MANUAL

Section -6 Record Keeping

**6.7. SINGLE-LINE RECORD ENTRY FORM
(TR-3)
Ground Training Record**

NAME: Roark Schwanenberg

Training/Check	Date	Results	Instructor/Check Airman
FARS/AIM	06/19/2008	S	J.H./CTS
WEATHER/WINDSHEAR	06/19/2008	S	J.H.
OPS. MANUAL	06/19/2008	S	J.H.
HAZ MAT	06/19/2008	S	J.H./CTS
CRM	06/20/2008	S	J.H.
A/C GROUND	06/22/2008	S	J.H.
GENERAL EMERGENCY PROCEDURES	06/21/2008	S	J.H.
WAKE TURB.	06/19/2008	S	J.H.
DIFFERENCES TRAINING	06/21/2008	S	J.H.
HU 500 RECURRENY	NA		J.H.
SK61 INITIAL/RECURRENT	06/22/2008	S	J.H.
COMPUTER TRAINING	06/22/2008	S	J.H./CTS
OPS. MAN. TEST	06/23/2008	S	J.H.

6.8. INSTRUCTOR/CHECK AIRMAN

PERMANENT RECORD

File: 06-ATM

RECORD KEEPING

AIRCREW TRAINING MANUAL

Section -6 Record Keeping

6.10. FLIGHT TRAINING RECORD

NAME:Roark Schwanenbery		A/C TYPES: SK-61	POSITION: PIC SIC		DATE COMPLETED:06/23/2008						
TOTAL HOURS:4.0		(circle one) FAR 135.299 FAR 136.299 FAR 135.297 FAR133									
CHECK AIRMAN/ FAA :John Harris			RESULTS:					UNSAT			
BLOCK	HOURS	DATE	INSTRUCTOR								
1	1.2	06/06/08	S.M.								
2	0.9	06/07/08	S.M.								
3	0.9	06/08/08	S.M.								
4	0.9	06/22/08	J.H.								
5											
6											
7											
8											
MODULES			1	2	3	4	5	6	7	8	
Preflight Procedures			S	S	S	S					
Cockpit Procedures			S	S	S	S					
Ground and/or Air Taxi			S	S	S	S					
Hovering Maneuvers			S	S	S	S					
Takeoffs:	Normal		S	S	S	S					
	Crosswind		S	S	S	S					
	High Altitude		S	S	S	S					
	Sim.Eng. Failure		S	S	S	S					
	Rapid Deceleration		S	S	S	S					
En Route:	Confined Area/Pinnacle		S	S	S	S					
	Unusual Attitudes		S	-	-	-					
	Settle w/Power		-	S	-	S					
	Landings:	Normal		S	S	S	S				
		Crosswind		S	S	S	S				
High Altitude			S	-	-	S					
One Engine Inop.			S	S	S	S					
Confined Area			S	S	S	S					
	Slopes		S	-	-	S					
	Hovering Autos		NA	NA	NA	NA					
	180 Autos		NA	NA	NA	NA					
	Straight-In Autos		NA	NA	NA	NA					
	Emergency Procedures		S	S	S	S					
Tail Rotor Failures											
			Satisfactory S				Unsatisfactory U				

File: 06-ATM

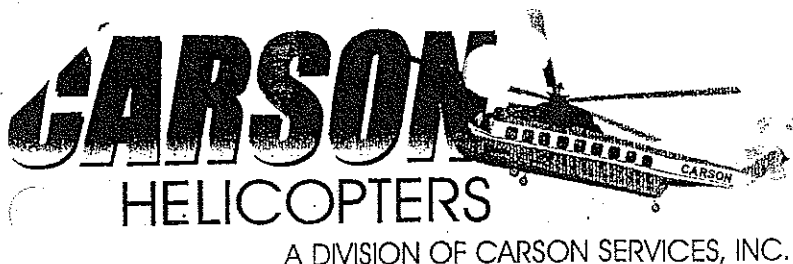
PERMANENT RECORD

RECORD KEEPING

Date: 10/26/2004

Revision No. ORIGINAL

Section 6-12



CARSON HELICOPTERS S61 TRAINING SCHEDULE

Name:	Hrs.	Date Completed	Sat/Uns	Remarks:
ROARK SCHWANENBERG				
1. A/C General Description	NA	4-03-2002	S	
2. Cockpit Familiarization	NA	4-03-2002	S	
3. Powerplant	NA	4-03-2002	S	
4. Powertrain	NA	4-03-2002	S	
5. Electrical Systems	NA	4-03-2002	S	
6. Fuel Systems	NA	4-03-2002	S	
7. Flight Controls	NA	4-03-2002	S	
8. Landing Gear & Brakes	NA	4-03-2002	S	
9. Lighting, Nav Systems, & Communications	NA	4-03-2002	S	
10. A/C Warning Systems	NA	4-03-2002	S	
11. Performance & Limitations	NA	4-03-2002	S	
12. Weight & Balance	NA	4-03-2002	S	
13. MEL	NA	4-03-2002	S	
14. Ground Operations	NA	4-03-2002	S	
15. External Loads (Optional)	NA	4-03-2002	S	
16. Emergency Procedures	NA	4-03-2002	S	

NOTE:
 THE ABOVE TRAINING WAS CONDENSED TO ACCOMMODATE AN (8) HOUR RECURRENT TRAINING COURSE, AND IS CONSISTENT WITH THE TRAINING REQUIREMENTS AS OUTLINED IN THE AIRLINE TRANSPORT PILOT (HELICOPTER) PRACTICAL TEST STANDARDS (REF. FAA-S-8081-20).

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

4-30-2
Date

[Signature]
STEVE METHENY

INSTRUCTOR
Title

AIRCREW TRAINING MANUAL

Section -6 Record Keeping

Not 135

6.10. FLIGHT TRAINING RECORD (TR 6)

NAME: Roark Schwanenberg		A/C TYPES:SK-61		POSITION: <input checked="" type="checkbox"/> PIC SIC		DATE COMPLETED:04/17/2008				
TOTAL HOURS:0.6		(circle one) FAR 61.55 <input checked="" type="checkbox"/> FAR 135.293		FAR 135.293 FAR 135.299 FAR 135.297 FAR133						
INSTRUCTOR/CHECK AIRMAN/ FAA Steven Metheny				RESULTS: <input checked="" type="checkbox"/> SAT UNSAT						
CHECK AIRMAN SIGN:NA				INITIAL _____ RECURRENT X REQUAL _____						
BLOCK	HOURS	DATE	INSTRUCTOR							
1	0.6	04/17/2008	Steven Metheny							
2										
3										
4										
5										
MODULES			1	2	3	4	5	6	7	8
Performance			S							
Limitations			S							
Flight Manual			S							
CRM			S							
Preflight Procedures			S							
Cockpit Procedures			S							
Ground and/or Air Taxi			S							
Hovering Maneuvers			S							
Takeoffs: Normal			S							
Crosswind			S							
High Altitude			NA							
Sim. Eng. Failure			S							
Rapid Deceleration			NA							
Confined Area/Pinnacle			S							
En Route: Unusual Attitudes			S							
Settle w/Power			NA							
Landings: Normal			S							
Crosswind			S							
High Altitude			NA							
One Engine Inop.			S							
Confined Area			S							
Slopes			NA							
Emergency Procedures			S							
Tail Rotor Failures			S							
			Satisfactory S				Unsatisfactory U			

File: UNAPPROVEDTR-6

RECORD KEEPING

Date: 10/26/2004

Revision No. ORIGINAL

Section 6-1

Bus: 800-344-7930
Fax: 541-955-9205



828 Brookside Blvd.
Grants Pass, OR 97526

CARSON HELICOPTERS S61 TRAINING SCHEDULE

Name	Hrs.	Date Completed	Sat/Uns	Remarks:
Roark Schwanenberg				
1. A/C General Description	N/A	4/18/2008	S	
2. Cockpit Familiarization	N/A	4/18/2008	S	
3. Power Plant	N/A	4/18/2008	S	
4. Power Train	N/A	4/18/2008	S	
5. Electrical Systems	N/A	4/18/2008	S	
6. Fuel Systems	N/A	4/18/2008	S	
7. Flight Controls	N/A	4/18/2008	S	
8. Landing Gear & Brakes	N/A	4/18/2008	S	
9. Lighting, Nav Systems, & Communications	N/A	4/18/2008	S	
10. A/C Warning Systems	N/A	4/18/2008	S	
11. Performance & Limitations	N/A	4/18/2008	S	
12. Weight & Balance	N/A	4/18/2008	S	
13. MEL	N/A	4/18/2008	S	
14. Ground Operations	N/A	4/18/2008	S	
15. External Loads (Optional)	N/A	4/18/2008	S	
16. Emergency Procedures	N/A	4/18/2008	S	
17. Fire King Tank	N/A	4/18/2008	S	

NOTE: THE ABOVE TRAINING WAS CONDENSED TO ACCOMMODATE AN (8) HOUR RECURRENT TRAINING COURSE, AND IS CONSISTENT WITH THE TRAINING REQUIREMENTS AS OUTLINED IN THE AIRLINE TRANSPORT PILOT (HELICOPTER) PRACTICAL TEST STANDARDS (REF. FAA-S-8081-20).

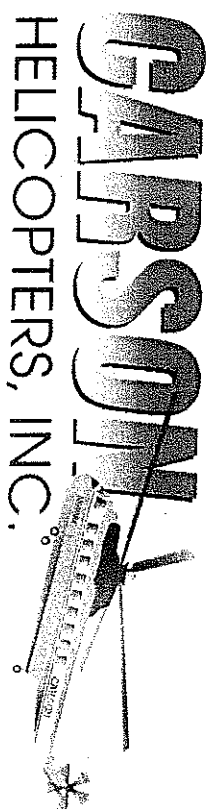
I certify the above Record of Training is correct and the training entered was completed satisfactorily.

4/18/08/m
July 28, 2007
DATE


STEVE METHENY

Instructor
TITLE

Certificate of Completion





ROARK SCHWANENBERG

Has Completed

**Sikorsky S-61 Refresher
&
Fire King Refresher**

April 14th – 18th, 2008


Sean Moretz
Director of Operations


John Harris
Chief Pilot

Certificate of Completion




ROARK SCHWANENBERG

Has Completed

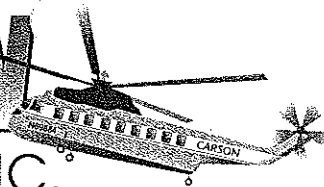
**Sikorsky S-61 Refresher
&
Fire King Refresher**

April 23rd – 27th, 2007


Joseph Rice
Director of Operations


Steve Metheny
Chief Pilot

CARSON



HELICOPTERS, INC.

CARSON HELICOPTERS S61 TRAINING SCHEDULE

Name	Hrs.	Date Completed	Sat/Uns	Remarks:
Roark Schwanenberg				
1. A/C General Description	N/A	4/26/2007	S	
2. Cockpit Familiarization	N/A	4/26/2007	S	
3. Power Plant	N/A	4/26/2007	S	
4. Power Train	N/A	4/26/2007	S	
5. Electrical Systems	N/A	4/26/2007	S	
6. Fuel Systems	N/A	4/26/2007	S	
7. Flight Controls	N/A	4/26/2007	S	
8. Landing Gear & Brakes	N/A	4/26/2007	S	
Lighting, Nav Systems,	N/A	4/26/2007	S	
& Communications	N/A	4/26/2007	S	
10. A/C Warning Systems	N/A	4/26/2007	S	
11. Performance & Limitations	N/A	4/26/2007	S	
12. Weight & Balance	N/A	4/26/2007	S	
13. MEL	N/A	4/26/2007	S	
14. Ground Operations	N/A	4/26/2007	S	
15. External Loads (Optional)	N/A	4/26/2007	S	
16. Emergency Procedures	N/A	4/26/2007	S	
17. Fire King Tank	N/A	4/26/2007	S	

NOTE: THE ABOVE TRAINING WAS CONDENSED TO ACCOMMODATE AN (8) HOUR RECURRENT TRAINING COURSE, AND IS CONSISTENT WITH THE TRAINING REQUIREMENTS AS OUTLINED IN THE AIRLINE TRANSPORT PILOT (HELICOPTER) PRACTICAL TEST STANDARDS (REF. FAA-S-8081-20).

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

April 27, 2007
DATE


STEVE METHENY

Instructor
TITLE



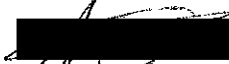
CARSON HELICOPTERS S61 TRAINING SCHEDULE

Name	Hrs.	Date Completed	Sat/Uns	Remarks:
Roark Schwanenberg				
1. A/C General Description	N/A	5/8/2006	S	
2. Cockpit Familiarization	N/A	5/8/2006	S	
3. Power Plant	N/A	5/8/2006	S	
4. Power Train	N/A	5/8/2006	S	
5. Electrical Systems	N/A	5/8/2006	S	
6. Fuel Systems	N/A	5/8/2006	S	
7. Flight Controls	N/A	5/8/2006	S	
8. Landing Gear & Brakes	N/A	5/8/2006	S	
9. Lighting, Nav Systems,	N/A	5/8/2006	S	
& Communications	N/A	5/8/2006	S	
10. A/C Warning Systems	N/A	5/8/2006	S	
11. Performance & Limitations	N/A	5/8/2006	S	
12. Weight & Balance	N/A	5/8/2006	S	
13. MEL	N/A	5/8/2006	S	
14. Ground Operations	N/A	5/8/2006	S	
15. External Loads (Optional)	N/A	5/8/2006	S	
16. Emergency Procedures	N/A	5/8/2006	S	
17. Fire King Tank	N/A	5/8/2006	S	

NOTE: THE ABOVE TRAINING WAS CONDENSED TO ACCOMMODATE AN (8) HOUR RECURRENT TRAINING COURSE, AND IS CONSISTENT WITH THE TRAINING REQUIREMENTS AS OUTLINED IN THE AIRLINE TRANSPORT PILOT (HELICOPTER) PRACTICAL TEST STANDARDS (REF. FAA-S-8081-20).

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

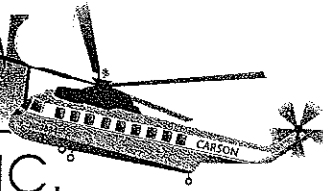
April 24, 2006
DATE


 STEVE METHENY

Instructor
TITLE

CARSON

HELICOPTERS, INC.



CARSON HELICOPTERS S61 TRAINING SCHEDULE

Name	Hrs.	Date Completed	Sat/Uns	Remarks:
Roark Schwanenberg				
1. A/C General Description	N/A	4/23/2005	S	
2. Cockpit Familiarization	N/A	4/23/2005	S	
3. Power Plant	N/A	4/23/2005	S	
4. Power Train	N/A	4/23/2005	S	
5. Electrical Systems	N/A	4/23/2005	S	
6. Fuel Systems	N/A	4/23/2005	S	
7. Flight Controls	N/A	4/23/2005	S	
8. Landing Gear & Brakes	N/A	4/23/2005	S	
Lighting, Nav Systems,	N/A	4/23/2005	S	
& Communications	N/A	4/23/2005	S	
10. A/C Warning Systems	N/A	4/23/2005	S	
11. Performance & Limitations	N/A	4/23/2005	S	
12. Weight & Balance	N/A	4/23/2005	S	
13. MEL	N/A	4/23/2005	S	
14. Ground Operations	N/A	4/23/2005	S	
15. External Loads (Optional)	N/A	4/23/2005	S	
16. Emergency Procedures	N/A	4/23/2005	S	
17. Fire King Tank	N/A	4/23/2005	S	

NOTE: THE ABOVE TRAINING WAS CONDENSED TO ACCOMMODATE AN (8) HOUR RECURRENT TRAINING COURSE, AND IS CONSISTENT WITH THE TRAINING REQUIREMENTS AS OUTLINED IN THE AIRLINE TRANSPORT PILOT (HELICOPTER) PRACTICAL TEST STANDARDS (REF. FAA-S-8081-20).

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

April 25, 2005

DATE


STEVE METHENY

Instructor

TITLE



CARSON HELICOPTERS S61 TRAINING SCHEDULE

Name:	Hrs.	Date Completed	Sat/Uns	Remarks:
Roark Schwanenberg				
1. A/C General Description	NA	5-28-2004	S	
2. Cockpit Familiarization	NA	5-28-2004	S	
3. Powerplant	NA	5-28-2004	S	
4. Powertrain	NA	5-28-2004	S	
5. Electrical Systems	NA	5-28-2004	S	
6. Fuel Systems	NA	5-28-2004	S	
7. Flight Controls	NA	5-28-2004	S	
8. Landing Gear & Brakes	NA	5-28-2004	S	
9. Lighting, Nav Systems, & Communications	NA	5-28-2004	S	
10. A/C Warning Systems	NA	5-28-2004	S	
11. Performance & Limitations	NA	5-28-2004	S	
12. Weight & Balance	NA	5-28-2004	S	
13. MEL	NA	5-28-2004	S	
14. Ground Operations	NA	5-28-2004	S	
15. External Loads (Optional)	NA	5-28-2004	S	
16. Emergency Procedures	NA	5-28-2004	S	

NOTE:

THE ABOVE TRAINING WAS CONDENSED TO ACCOMMODATE AN (8) HOUR RECURRENT TRAINING COURSE, AND IS CONSISTENT WITH THE TRAINING REQUIREMENTS AS OUTLINED IN THE AIRLINE TRANSPORT PILOT (HELICOPTER) PRACTICAL TEST STANDARDS (REF. FAA-S-8081-20).

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

5/28/04
Date

STEVE METHENY

INSTRUCTOR
Title

CARSON HELICOPTER SERVICES, INC.
PILOT DAILY FLIGHT LOG

PILOTS NAME: Schwandenberg, Roark CERT. NO: 540-68-1551 MONTH/YEAR: July-08
 Base Month: June

DAY	DUTY HOURS			FLIGHT TIME BY AIRCRAFT					HRS BY FLT TYPE						
	TIME IN	TIME OUT	TOTAL DUTY					561	DAILY TOTAL	135	133	91	DAY TO/LDG	NITE TO/LNG	INST APPR
1	900	1800	9.0					0.3	0.3			0.3	1		
2	900	1800	9.0						0.0						
3	800	1800	10.0						0.0						
4	800	1700	9.0						0.0						
5	700	2100	14.0					5.3	5.3	0.5	4.8		3		
6	700	2100	14.0					6.7	6.7		6.7		3		
7	off	off	0.0						0.0						
8	off	off	0.0						0.0						
9	off	off	0.0						0.0						
10	off	off	0.0						0.0						
11	off	off	0.0						0.0						
12	off	off	0.0						0.0						
13	off	off	0.0						0.0						
14	off	off	0.0						0.0						
15	off	off	0.0						0.0						
16	off	off	0.0						0.0						
17	off	off	0.0						0.0						
18	off	off	0.0						0.0						
19	off	off	0.0						0.0						
20	off	off	0.0						0.0						
21	off	off	0.0						0.0						
22	off	off	0.0						0.0						
23	off	off	0.0						0.0						
24	off	off	0.0						0.0						
25	off	off	0.0						0.0						
26	off	off	0.0						0.0						
27	off	off	0.0						0.0						
28	off	off	0.0						0.0						
29	off	off	0.0						0.0						
30	off	off	0.0						0.0						
31	off	off	0.0						0.0						
MONTHLY TOTALS									12.3	0.5	11.5	0.3	7	0	0

Verified By: _____ (Pilot Signature)

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION 358		DATE OF CHECK 6/23/08	
NAME OF AIRMAN (last, first, middle initial) WAWENBERG, ROARK D				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 ATP Number XXXXXXXXXX		MEDICAL INFORMATION: Date of Exem. 1/20/08 Date of Birth XXXXXX Class		EMPLOYED BY Carroll Helicopter Services, Inc		BASED AT (City, State) Grants Pass, OR	
NAME OF CHECK AIRMAN John Harris		SIG. OF CHECK AIRMAN XXXXXXXXXX		TYPE AIRPLANE (Make/Model) SK-61		Simulator/Training Device (Make/Model)	
				FLIGHT TIME 0.5		N7011M	
FLIGHT MANEUVERS GRADE (S - Satisfactory U - Unsatisfactory)							
PILOT							
				Air-craft		Simu-lator	
				Trng. Dev.			
PREFLIGHT				HELICOPTER			
1. Equipment Examination (Oral or written)				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			
Approaches to Stalls				1. Taxiing, Sealing, Docking			
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) (06/09)			
INSTRUMENT PROCEDURES				Demonstrated Competency FAR 135.293(b)			
22. Area Departure				Make/Model Expires (12 months) (06/09)			
23. Holding				Satisfactorily Demonstrated Line Checks			
24. Area Arrival				FAR 135.299 Expires (12 months) (06/09)			
25. ILS Approaches				Satisfactorily Demonstrated IFR Proficiency			
26. Other Instrument Approaches				FAR 135.297 Expires (6 months) ()			
Approaches: NDB/ADF				Use of Autopilot (is) (is not) Authorized.			
VOR				Expires (12 months) ()			
ILS				REMARKS Initial Check this Airman - PIC Bridges Carroll Month / SK61 June			
Other (Specify)							
27. Circling Approaches							
28. Missed Approaches							
29. Comm./Nav. Procedures							
Use of Auto. Pilot							
RESULT OF CHECK <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				CHECK AIRMAN'S PERFORMANCE (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
REGION		DISTRICT OFFICE		FAA INSPECTOR'S SIGNATURE			



Carson Helicopters

Grants Pass, OR

(800) 344-7930

This certifies that Roark Schwanenberg
holder of Pilot Certificate # [REDACTED]
has met the knowledge and skill requirements
of FAR 137.19(e) and is qualified to act as
Pilot In Command on Agriculture Aircraft
Operations.

Signed:

[Signature]
Steve Metheny / Date

4/16/08

Chief Pilot, CFI # [REDACTED], exp 02/09



Carson Helicopters
Grants Pass, OR
(800) 344-7930

This certifies that Roark Schwanenberg
holder of Pilot Certificate # [REDACTED]
has met the knowledge and skill requirements
of FAR 133.23 for Class A ~~B~~ ~~C~~ ~~D~~
loads and is qualified to act as PIC for
Rotorcraft External Load Operations.

Signed: [Signature] 4/16/08
Steve Metheny / Date
Chief Pilot, CFI [REDACTED], exp 02/09

Carson Helicopters
Rotorcraft External Load Operation
Statement of Competency

This is to certify that Roark Schwanenberg holder of Commercial Lic. No. [REDACTED] has in accordance with FAR 133.23, has demonstrated his/her knowledge and skill in the following classes of External Load Helicopter

Operations:

Class A - Carrying fixed loads in Racks, Bins, etc.

Class B - Carrying loads suspended by: Sling, Hoist, etc.

Class C - Towing Operations

Carson Helicopters
Agricultural Aircraft Operations
Statement of Competency

This is to certify that Roark Schwanenberg holder of Commercial Lic. No. [REDACTED] has in accordance with FAR 137.19, has demonstrated his/her knowledge and skill in Agricultural Aircraft Operations



Carson Helicopters
Grants Pass, OR
(800) 344-7930

Roark Schwanenberg holder of
certificate # has met the
requirements for FAR Part 61.58 in
SK-61 on 8-May-08

Signed:
Steve Metheny
Chief Pilot, CFI exp 01/07



Carson Helicopters
Grants Pass, OR
(800) 344-7930

Roark Schwanenberg holder of
certificate # [REDACTED] has met the
requirements for FAR Part 61.58 in
SK-61 on 8-May-06

Signed:

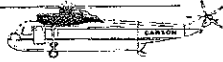
[REDACTED]
Steve Metheny

Chief Pilot, CFI [REDACTED] exp 01/07

Name: Mark Schwaberg
Pilot Cert. #: [REDACTED]
has successfully completed FAR 61.58
requirements on: 1-6-2004 in A/C 31730
Steve Metheny, Chief Pilot
CFI # [REDACTED] exp. 01/05



**The following 133/137 pilot cards
are in reference to Carson
Helicopters, Inc 133 Certificate
(NBEL647G) & 137 Certificate
(NBEG647G) located in Perkasio
Pennsylvania.**



Carson Helicopters
Perkasie, PA
215-249-3535

This certifies that Roark Schwanenberg
holder of Pilot Certificate #
has met the knowledge and skill requirements
of FAR 133.23 for Class A X B X C X D
loads and is qualified to act as PIC for
Rotorcraft External Load Operations.

8

Signed: Robert F. Boyd 4/18/18

Robert F. Boyd / Date

Chief Pilot, Pilot Cert. #



Carson Helicopters
Perkasie, PA
215-249-3535

This certifies that Roark Schwanenberg
holder of Pilot Certificate # [REDACTED]
has met the knowledge and skill requirements
of FAR 137.19(e) and is qualified to act as
Pilot In Command on Agriculture Aircraft
Operations.

8

Signed: [Signature] 41
Robert F. Boyd / Date
Chief Pilot, Pilot Cert. # [REDACTED]

FAA PART 133 OPERATIONS

A. Knowledge Test-Oral

<u>Areas Tested</u>	<u>Completed</u>
1. Preflight of Aircraft	S
2. Attaching Means	S
3. Accurate Survey of flight area	S
4. Ability to Evaluate and Analyze correctly the pick up site, the route & landing site	S
5. How to prepare the load, check the rigging, attach the load to the helicopter	S
6. Calculate weight and balance	S
7. Performance capability, operation procedures and Limitations of the helicopter.	S
8. Ground crew's hand signals.	S
9. Material in the approved Rotorcraft Load Combination Manual	S

B. Skill Test

<u>Areas Tested</u>	<u>Completed</u>
<u>Class A External Load</u>	
1. Check security and proper rigging of the load	S
2. Determine if power is available for takeoff	S
3. At hover, demonstrate the adequate control is available	S
4. Demonstrate smooth acceleration from a hover into forward flight	S
5. Demonstrate horizontal flight at maximum operational airspeed	S
6. Demonstrate normal and steep approaches	S
<u>Class B & C External Load</u>	
1. Check security and proper rigging of the load	S
2. Demonstrate pickup of the external load.	S
3. Determine if power is available for takeoff	S
4. At hover, demonstrate that adequate control is available	S
5. Demonstrate smooth acceleration from a hover into forward flight	S
6. Demonstrate horizontal flight at maximum operation speed.	S
7. Demonstrate normal and steep approaches.	S
8. Demonstrate normal and emergency release of load.	S



4-17-08
 Robert F. Boyd Cert# Date



USDA - INTERAGENCY - USDI



HELICOPTER PILOT QUALIFICATION

NAME Schwaneburg, Roark D.
 PILOT CERTIFICATE NO. [REDACTED]
 COMPANY Carson Helicopters, Inc
 TYPE HELICOPTER 561
 CARD EXPIRATION DATE 5-31-09
 ISSUED BY [REDACTED] Lucas UNIT USFS R6
 DATE 5-23-08 OAS-30B 5700-3A
 (over) (07/87)

Schwaneburg R. 08
INSPECTOR WILL INITIAL

- RECONNAISSANCE & SURVEILLANCE
- MOUNTAIN FLYING
- EXTERNAL LOAD (SLING)
- FIRE SUPPRESSION (HELITACK)
- RETARDANT / WATER DROPPING
- AERIAL IGNITION (TYPE)
- LONG LINE U/R
- ANIMAL HERDING
- OVERWATER FLIGHT (PLATFORM)
- FLOAT OPERATIONS (FIXED FLOAT)
- SNOW OPERATIONS (DEEP SNOW)
- GSBOM SPECIAL REQUIREMENTS
- OTHER SNORKEL
- OTHER
- OTHER
- NO FOT EVAL

SECTION C
DESCRIPTION/SPECIFICATIONS/EXHIBITS

AG-024B-S-07 -0008

EXHIBIT 18

CONTRACTOR'S VERIFICATION OF INDIVIDUAL PILOT'S
REQUIREMENTS AND EXPERIENCE FOR AGENCY APPROVAL

Date: **May 1, 2007**
 Company's Name: **Carson Helicopters, Inc.**
 Pilots Name: Pilot's Total Helicopter Pilot-in-Command Hours (verified from pilot's log book or permanent record):
Roark Schwanenberg - 18500 PIC Hours
 Previous Employers: **Carson Employee since 1994**

Previous Employer	Address & Telephone Number	Contact Name & Telephone No.	Period Employed	PIC Flt Hrs.

Helicopter Training Courses Completed:

Name of Course and Provider	Address & Telephone Number	Contact Name & Telephone No.	Date of completion	Flt hours completed
1. Carson Training	Grants Pass, OR [REDACTED]	Steve Metheny [REDACTED]	Annually	1
2. CRM - USFS	Boise, ID [REDACTED]	Sheila Valentine [REDACTED]	2005	
3.				
4.				

(Use additional sheets if necessary)

Comments:

Signature:

Name/Printed: Position:
Steve Metheny



USDA - INTERAGENCY - USDI



HELICOPTER PILOT QUALIFICATION

NAME: **Schwanenberg, Roark D**
 PILOT CERTIFICATE NO: [REDACTED]
 COMPANY: **Carson Helicopters Inc.**
 TYPE HELICOPTER: **SK-61**
 CARD EXPIRES: **05-31-2008**
 ISSUED: [REDACTED]
 DATE: **05-10-2007** UNIT: **USFS P-6**
 OAS-30B 5700-3A (07/87)

(over)

Reed

INSPECTOR WILL INITIAL

Schwanenberg, R "07"

RECONNAISSANCE & SURVEILLANCE

MOUNTAIN FLYING

EXTERNAL LOAD (SLING)

FIRE SUPPRESSION (HELITACK)

RETARDANT / WATER DROPPING

AERIAL IGNITION (TYPE)

ANIMAL HERDING

OVERWATER FLIGHT (PLATFORM)

FLOAT OPERATIONS (FIXED FLOAT)

SNOW OPERATIONS (DEEP SNOW)

GS/BOM SPECIAL REQUIREMENTS

OTHER **WO FLT. Eval.**

OTHER

(Circle one:) Chief Pilot/Director of Operations



USDA - INTERAGENCY - USDI



HELICOPTER PILOT QUALIFICATION

NAME Schwabenberg, Brock D
 PILOT CERTIFICATE NO. [REDACTED]
 COMPANY Carson Helicopters Inc.
 TYPE HELICOPTER SK-101
 CARD EXPIRES ON DATE 05-31-2008
 ISSUED BY [REDACTED] UNIT USFS R-16
 DATE 05-10-2007 OAS-30B 5700-3A
 (over) Reed (07/87)

INSPECTOR WILL INITIAL

Schwabenberg, R "07"

- RECONNAISSANCE & SURVEILLANCE
- MOUNTAIN FLYING
- EXTERNAL LOAD (SLING)
- FIRE SUPPRESSION (HELI-TACK)
- RETARDANT / WATER DROPPING
- AERIAL IGNITION (TYPE)
- Longline VTB
- ANIMAL HERDING
- OVERWATER FLIGHT (PLATFORM)
- FLOAT OPERATIONS (FIXED FLOAT)
- SNOW OPERATIONS (DEEP SNOW)
- GS/BOM SPECIAL REQUIREMENTS
- OTHER No FLT. Eval.
- OTHER Administered
- OTHER

SECTION C
DESCRIPTION/SPECIFICATIONS/EXHIBITS

EXHIBIT 10

**INTERAGENCY GUIDELINES FOR VERTICAL REFERENCE/EXTERNAL LOAD TRAINING STANDARDS
(cont)**

**VERTICAL REFERENCE GUIDELINES FOR HELICOPTERS USING A FIXED TANK WITH
SNORKLE**

The US Forest Service requires that contractors develop a Vertical Reference training syllabus for pilots who fly helicopters with a fixed tank and snorkel and that contract pilots receive initial and recurrent training before applying for agency Special Use approval. The contract pilot shall have a current proficiency endorsement from the company's chief pilot.

The pilot shall demonstrate proficiency with the snorkel by:

- Exhibiting knowledge of the elements of vertical reference operations.
- Performing a thorough preflight of the tank and snorkel
- Establishing a hover before takeoff by ascending vertically using vertical reference techniques while not dragging the snorkel.
- Establishing and maintaining the proper approach angle and rate of closure to establish a 5 foot snorkel height above the porta-tank and then lowering the snorkel into the tank. Maintain a stable hover for 30 seconds. Ascend vertically while keeping the snorkel clear of the edges of the tank until the snorkel is at least five (5) feet above the tank. Transition to forward flight without allowing the snorkel to settle back into the tank,

OR

- Establishing and maintaining a proper approach angle and rate of closure to establish a 5 foot snorkel height above the ground and over a circle of 8 to 10 feet in diameter. The circle shall be marked by paint or other easily identifiable material. From a stable hover, lower the aircraft until the snorkel head is touching the ground. Execute a 360 degree turn (left or right) while maintaining the snorkel head in contact with the ground within the circle and not allowing any part of the snorkel hose to touch the outside of the circle. The maneuver should be completed in 90-120 seconds,

AND

- Perform a landing while placing the main landing gear in a 6 foot diameter circle.

I certify that Roark Schwanenberg meets the currency and performance requirements of our Company's Vertical Reference/Snorkel training syllabus and recommend this pilot for a flight evaluation.

Chief Pilot: _____

Date: 4/27/07

Company: Carson Helicopters, Inc.

SECTION C
DESCRIPTION/SPECIFICATIONS/EXHIBITS

EXHIBIT 10
INTERAGENCY GUIDELINES FOR VERTICAL REFERENCE/EXTERNAL LOAD TRAINING STANDARDS

- A. Interagency helicopter standards require that Contractors develop a Vertical Reference/External Load training syllabus and that Contract pilots receive this training before applying for agency Special Use approval. The applicant shall have a minimum of 10-hours Vertical Reference/External Load flight training during initial qualification, and a minimum of 2-hours annual recurrent training prior to use under the Contract. The Contract pilot shall have a current proficiency endorsement from the company's chief pilot in order to qualify for a flight evaluation by an Interagency HIP.
- B. The pilot shall be able to demonstrate proficiency with either 100 to 150-foot length lines, and;
- C. Exhibit knowledge by explaining the elements of external load operations.
- D. Perform a thorough preflight briefing of ground personnel to include hookup procedures, signals, pilot, and ground personnel actions in the event of an emergency or hook malfunction.
- E. Visually determine that the cargo hook(s) and cables are installed properly and that electrical and manual releases are functioning properly.
- F. Ascend vertically using vertical reference techniques while centered over the load until the load clears the ground, then maintain a stable hover with a load 10-feet (+ - 5-feet) above the ground for 30-seconds.
- G. Control the hook movement and stop load oscillations while in a hover.
- H. Maintain positive control of the load throughout the flight while maintaining specified altitude within 50-feet, airspeed within 10-knots and heading within 10°.
- I. Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover with the load 10 feet above the ground (+ -5-feet) for 30-seconds. The load will then be placed within a 10- foot radius of the specified release/touchdown point.
- J. Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover within a confined area with the load 10-feet above the ground (+ - 5-feet) for 30-seconds. The load will then be placed within a 10-foot radius of the specified release/touchdown point.

I certify that Roark Schwanenberg meets the currency and performance requirements of our

Company's Vertical Reference/External Load Training Manual and recommend this pilot for a flight evaluation.



Chief Pilot Signature

4/27/07
Date

Carson Helicopters, Inc.
Company

VERTICAL REFERENCE FLIGHT TRAINING ENDORSEMENT

National Interagency Helicopter Standards require that contractors develop a Vertical Reference / External Load Training Syllabus and that contract pilots receive this training before applying for Agency Special Use approval. The applicant must receive a minimum of **10 hours** of Vertical Reference Flight Training prior to initial qualification, and a minimum of **2 hours** of recurrent training, annually, prior to use under the contract. Each contract pilot must have a current proficiency endorsement from the company's chief pilot in order to qualify for a Flight Evaluation Check by an Interagency Helicopter Inspector Pilot.

The applicant must be able to:

- 1) Exhibit knowledge by explaining the elements of external load operations.
- 2) Perform a thorough preflight briefing of ground personnel, to include hookup procedures, hand signals and pilot / ground personnel actions in the event of an emergency or hook malfunction.
- 3) Determine that the cargo hook(s) and cables are installed properly and that electrical and manual releases are functioning properly.
- 4) Ascend vertically, using Vertical Reference techniques, while centered over the load until the load clears the ground, and then maintain a stable hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds.
- 5) Control hook movement and stop load oscillations while in a hover.
- 6) Maintain positive control of the load throughout the flight while maintaining specified altitude within 50 feet, specified airspeed within 10 knots/MPH and specified heading within 10 degrees.
- 7) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.
- 8) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover, **within a confined area**, with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.

NAME: Roark Schwanenberg CERT. NO: [REDACTED] INITIAL / RECURRENT
Pilots Printed Name (Circle One)

I certify that the above listed pilot has completed training as outlined in the National Interagency Helicopter Standards and meets the currency and performance requirements of this company's Vertical Reference / External Load Training Manual and recommend him/her for flight evaluation.

CHIEF PILOT: Steve Metheny COMPANY: Carson Helicopters, Inc.
Printed Name

CHIEF PILOT: [REDACTED] DATE: 4 / 27 / 07
Signature

Operations and Safety Procedures Guide for Helicopter Pilots

PILOT CERTIFICATION

I certify that I have read and/or have been briefed on Forest Service operating and safety procedures and that I understand and will comply with these procedures. I also understand that failure to comply with these procedures, violations of the Federal Aviation Regulations, or other unsafe actions will most likely result in withdrawal of my approval to perform flights for the Forest Service.

Roark Schwanenberg
Pilot Printed Name

[Redacted Signature]
Pilot Signature

23 APR 07
Date

Helicopter Inspector Pilot Signature

 / /
Date

INSPECTORS COPY

VERTICAL REFERENCE FLIGHT TRAINING ENDORSEMENT

National Interagency Helicopter Standards require that contractors develop a Vertical Reference / External Load Training Syllabus and that contract pilots receive this training before applying for Agency Special Use approval. The applicant must receive a minimum of **10 hours** of Vertical Reference Flight Training prior to initial qualification, and a minimum of **2 hours** of recurrent training, annually, prior to use under the contract. Each contract pilot must have a current proficiency endorsement from the company's chief pilot in order to qualify for a Flight Evaluation Check by an Interagency Helicopter Inspector Pilot.

The applicant must be able to:

- 1) Exhibit knowledge by explaining the elements of external load operations.
- 2) Perform a thorough preflight briefing of ground personnel, to include hookup procedures, hand signals and pilot / ground personnel actions in the event of an emergency or hook malfunction.
- 3) Determine that the cargo hook(s) and cables are installed properly and that electrical and manual releases are functioning properly.
- 4) Ascend vertically, using Vertical Reference techniques, while centered over the load until the load clears the ground, and then maintain a stable hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds.
- 5) Control hook movement and stop load oscillations while in a hover.
- 6) Maintain positive control of the load throughout the flight while maintaining specified altitude within 50 feet, specified airspeed within 10 knots/MPH and specified heading within 10 degrees.
- 7) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.
- 8) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover, **within a confined area**, with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.

NAME: Roark Schwanenberg CERT. NO: [REDACTED] INITIAL / RECURRENT
(Circle One)

I certify that the above listed pilot has completed training as outlined in the National Interagency Helicopter Standards and meets the currency and performance requirements of this company's Vertical Reference / External Load Training Manual and recommend him/her for flight evaluation.

CHIEF PILOT: Steve Metheny COMPANY: Carson Helicopters, Inc.
Printed Name

CHIEF PILOT: [REDACTED] DATE: 04 / 23 / 05
Signature

VERTICAL REFERENCE FLIGHT TRAINING ENDORSEMENT

National Interagency Helicopter Standards require that contractors develop a Vertical Reference / External Load Training Syllabus and that contract pilots receive this training before applying for Agency Special Use approval. The applicant must receive a minimum of **10 hours** of Vertical Reference Flight Training prior to initial qualification, and a minimum of **2 hours** of recurrent training, annually, prior to use under the contract. Each contract pilot must have a current proficiency endorsement from the company's chief pilot in order to qualify for a Flight Evaluation Check by an Interagency Helicopter Inspector Pilot.

The applicant must be able to:

- 1) Exhibit knowledge by explaining the elements of external load operations.
- 2) Perform a thorough preflight briefing of ground personnel, to include hookup procedures, hand signals and pilot / ground personnel actions in the event of an emergency or hook malfunction.
- 3) Determine that the cargo hook(s) and cables are installed properly and that electrical and manual releases are functioning properly.
- 4) Ascend vertically, using Vertical Reference techniques, while centered over the load until the load clears the ground, and then maintain a stable hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds.
- 5) Control hook movement and stop load oscillations while in a hover.
- 6) Maintain positive control of the load throughout the flight while maintaining specified altitude within 50 feet, specified airspeed within 10 knots/MPH and specified heading within 10 degrees.
- 7) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.
- 8) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover, **within a confined area**, with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.

NAME: Roark Schwanenberg CERT. NO: [REDACTED] INITIAL / RECURRENT
(Circle One)

I certify that the above listed pilot has completed training as outlined in the National Interagency Helicopter Standards and meets the currency and performance requirements of this company's Vertical Reference / External Load Training Manual and recommend him/her for flight evaluation.

CHIEF PILOT: Steve Metheny

COMPANY: Carson Helicopters, Inc.

SIGNATURE: [REDACTED]

DATE: 4 / 15 / 04

VERTICAL REFERENCE FLIGHT TRAINING ENDORSEMENT

National Interagency Helicopter Standards require that contractors develop a Vertical Reference / External Load Training Syllabus and that contract pilots receive this training before applying for Agency Special Use approval. The applicant must receive a minimum of **10 hours** of Vertical Reference Flight Training prior to initial qualification, and a minimum of **2 hours** of recurrent training, annually, prior to use under the contract. Each contract pilot must have a current proficiency endorsement from the company's chief pilot in order to qualify for a Flight Evaluation Check by an Interagency Helicopter Inspector Pilot.

The applicant must be able to:

- 1) Exhibit knowledge by explaining the elements of external load operations.
- 2) Perform a thorough preflight briefing of ground personnel, to include hookup procedures, hand signals and pilot / ground personnel actions in the event of an emergency or hook malfunction.
- 3) Determine that the cargo hook(s) and cables are installed properly and that electrical and manual releases are functioning properly.
- 4) Ascend vertically, using Vertical Reference techniques, while centered over the load until the load clears the ground, and then maintain a stable hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds.
- 5) Control hook movement and stop load oscillations while in a hover.
- 6) Maintain positive control of the load throughout the flight while maintaining specified altitude within 50 feet, specified airspeed within 10 knots/MPH and specified heading within 10 degrees.
- 7) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.
- 8) Maintain the proper approach angle and rate of closure to establish an out-of-ground effect hover, **within a confined area**, with the load 10 feet (+ / - 5 feet) above the ground for 30 seconds. The load will then be placed within a 10 foot radius of the specified release / touchdown point.

.....
NAME: Roark Schwanenberg CERT. NO: INITIAL / RECURRENT
(Circle One)

I certify that the above listed pilot has completed training as outlined in the National Interagency Helicopter Standards and meets the currency and performance requirements of this company's Vertical Reference / External Load Training Manual and recommend him/her for flight evaluation.

CHIEF PILOT: Steve Metheny

COMPANY: Carson Helicopters, Inc.

SIGNATURE: 

DATE: 4/21/03

PILOT CERTIFICATION

I certify that I have read and/or have been briefed on Forest Service operating and safety procedures and that I understand and will comply with these procedures. I also understand that failure to comply with these procedures, violations of the Federal Aviation Regulations, or other unsafe actions will most likely result in withdrawal of my approval to perform flights for the Forest Service.



Pilot Signature

4/21/06
Date

Helicopter Inspector Pilot Signature


 / /
Date

INSPECTORS COPY

Operations and Safety Procedures Guide for Helicopter Pilots

PILOT CERTIFICATION

I certify that I have read and/or have been briefed on Forest Service operating and safety procedures and that I understand and will comply with these procedures. I also understand that failure to comply with these procedures, violations of the Federal Aviation Regulations, or other unsafe actions will most likely result in withdrawal of my approval to perform flights for the Forest Service.


Pilot Signature

23 / MAR / 04
Date

Helicopter Inspector Pilot Signature

Date

INSPECTORS COPY

Operations and Safety Procedures Guide for Helicopter Pilots

PILOT CERTIFICATION

I certify that I have read and/or have been briefed on Forest Service operating and safety procedures and that I understand and will comply with these procedures. I also understand that failure to comply with these procedures, violations of the Federal Aviation Regulations, or other unsafe actions will most likely result in withdrawal of my approval to perform flights for the Forest Service.


Pilot Signature

30 MAR 03
Date

Helicopter Inspector Pilot Signature

Date

INSPECTORS COPY



USDA - INTERAGENCY-USDI



HELICOPTER PILOT QUALIFICATION

NAME Schwabenberg, Roark D.
 PILOT CERTIFICATE NO. [REDACTED]
 COMPANY Carson Helicopters
 TYPE HELICOPTER SK-61
 CARD EXPIRATION DATE 05-31-05
 ISSUED BY [REDACTED] UNIT USFS R-6
 DATE 05-27-04 OAS-30B Reed

INSPECTOR WILL INITIAL

- RECONNAISSANCE & SURVEILLANCE
- MOUNTAIN FLYING
- EXTERNAL LOAD (SLING)
- FIRE SUPPRESSION (HELICOPTER)
- RETARDANT/WATER DROPPING
- AERIAL IGNITION
- ANIMAL DAMAGE CONTROL
- ANIMAL HERDING
- OVERWATER FLIGHT (PLATFORM)
- FLOAT OPERATIONS (FIXED FLANT)
- SNOW OPERATIONS (DEEP SNOW)
- AS/BOW SPECIAL REQUIREMENTS
- OTHER weather Kingline TR
- OTHER
- OTHER



USDA - INTERAGENCY-USDI



HELICOPTER PILOT QUALIFICATION

NAME SCHWANENBERG, ROARK D.

PILOT CERTIFICATE NO. [REDACTED]

COMPANY CARSON

TYPE HELICOPTER SK-61

CARD EXPIRATION DATE 2003-31-03

ISSUED BY [REDACTED] UNIT OSFS R-6

DATE 05-01-02 OAS-308

NO FLT ADMIN.

INSPECTOR WILL INITIAL

RECONNAISSANCE & SURVEILLANCE

MOUNTAIN FLYING

EXTERNAL LOAD (SLING)

FIRE SUPPRESSION (HELITACK)

RETARDANT/WATER DROPPING

AERIAL IGNITION

ANIMAL DAMAGE CONTROL

ANIMAL HERDING

OVERWATER FLIGHT (PLATFORM)

FLOAT OPERATIONS (FIXED FLOAT)

SNOW OPERATIONS (DEEP SNOW)

GS/BOM SPECIAL REQUIREMENTS

OTHER LONGLINE UTR

OTHER

OTHER

Sent to 8170V 5-7-02

USDA-Forest Service
HELICOPTER PILOT QUALIFICATIONS AND APPROVAL RECORD
(Reference FSH 5709.12)
1. Contract or Rental Agreement No.

SECTION I - PILOT INFORMATION (Fill in the Blanks)

Name (Last, First, Middle Initial) Schwabenberg, ROANK DAVID
 2. Date of Birth [REDACTED]
 3. Home Telephone No. 503 507 2100
 4. Home Address (Street, City, State & ZIP Code) [REDACTED] Astoria OR 97103
 5. State AG Certification No. [REDACTED]
 6. Employed By Carson Helicopters
 7. Address 828 Brookside Blvd Grants Pass, OR 97526
 8. Telephone No. 503 678 1222
 9. Employed Since MAY 1994
 10. Previous Employer Columbia Helicopters
 11. Address 8080 N 3500 Portland OR 97208
 12. Telephone No. 503 678 1222
 13. Period Employed MAY 1993
 14. Previous Employer
 15. Address
 16. Telephone No.
 17. Period Employed

18. Medical Certificate:
 a. Class II
 b. Date 1/26/04
 c. Limitations Possess Glasses That correct for Near Vision
 19. Date Last Agency Card Approval: 23-May-03
 20. Airman Certificate:
 a. Number [REDACTED]
 b. ATP X
 c. COM _____
 d. Ratings _____
 21. Date Last Agency Check Ride: _____

Pilot-In-Command Flight Time Type of Flying	Hours	Aircraft accidents/FAA violations filed within the last 5 years: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Explain below)		
22. Total Helicopter	10226	Previous OAS or USFS Card Approval (Circle one): a. Denied b. Suspended c. Revoked <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Explain Below)		
23. Weight Class: under 6,000 _____ over 6,000 _____ over 12,500 _____	757 806 8663	Make Model/ Type Ratings (a)	VFR/ IFR (b)	Total Pic Time (c)
24. Turbine Engine (Helicopters)	10226	38. <u>BV-234</u>	<u>1546/500</u>	<u>1546</u>
25. Reciprocating Engine (If applicable)		39. <u>BV-107</u>	<u>2546/200</u>	<u>2546</u>
26. Make/Model To Be Flown	4572	40. <u>SK-61</u>	<u>4572/0</u>	<u>4572</u>
27. Additional Make/Model		41. <u>SK-76</u>		
28. Preceding 12 months	400	42.		
29. Make, Model & Series Preceding 12 months	400	43. Last 135 Check (Attach Copy): Date _____ Model _____		
30. Helicopter Preceding 60 days	320	44. Six Month Instrument Check: Date _____		
31. NVG		45. ACC/INC Explanation:		
32. ADC				
33. Instrument	500			
34. Night	2000	I certify that the information listed on this form is true and correct. In addition, I certify that I have read the statements on the back of this form covering information pursuant to Public Law 93-579 (Privacy Act of 1974).		
35. Mountainous Terrain	8000			
36. Mountainous Terrain Make/Model	4500	46. Signature (Pilot) <u>[Signature]</u>	47. Date <u>23 Mar 04</u>	
37. Other				

SECTION II - For Inspector's Use Only (Initial appropriate duties)

1. Duty Approved For: (Inspector Shall Initial)

a. () Animal Damage Control (3)*	g. () Other aerial ignition	m. () Rappel (9d)
b. () Animal Counting/Herding (6a)	h. () Helitanker/Bucket (2b)	n. () Reconnaissance/Surveillance (6d)
c. () Applicator (10)	i. () Instrument (11)	o. () Sling Operations (1)
d. () Fire Suppression/Helitack (2a)	j. () Long Line (12)	p. () Snow Operations (deep snow) (4)
e. () Float Operations (Fixed Fit) (5)	k. () Mountain Flying (9a)	q. () Other _____
f. () Helitorch (8)	l. () Night Vision Goggles (13)	r. () Other _____

2. Type Aircraft Approved For:	3. Signature (Inspector)	4. Agency	5. Date	6. Expiration Date
7. Type Aircraft Approved For:	8. Signature (Inspector)	9. Agency	10. Date	11. Expiration Date

Remarks

USDA-Forest Service
HELICOPTER PILOT QUALIFICATIONS AND APPROVAL RECORD
 (Reference FSH 5709.12)

1. Contract or Rental Agreement No.

SECTION I - PILOT INFORMATION (Fill in the Blanks)

1. Name (Last, First, Middle Initial) SCHWABENBERG ROARK D. 2. Date of Birth [REDACTED] 3. Home Telephone No. [REDACTED]
 4. Home Address (Street, City, State & ZIP Code) [REDACTED] Lostine OR 97857 5. State AG Certification No. [REDACTED]
 6. Employed By Carson Helicopters 7. Address 828 Brookside Blvd Grants Pass OR 8. Telephone No. 800 3447930 9. Employed Since 3-99
 10. Previous Employer Columbia Helicopters 11. Address PO Box 3500 Portland OR 12. Telephone No. 503 6781222 13. Period Employed 1979-1983
 14. Previous Employer [REDACTED] 15. Address [REDACTED] 16. Telephone No. [REDACTED] 17. Period Employed [REDACTED]
 18. Medical Certificate: Passess Goggles to correct
 a. Class II b. Date 1-15-03 c. Limitations FOR NIGHT VISION 19. Date Last Agency Card Approval: 05-01-02
 20. Airman Certificate: a. Number [REDACTED] Rotorcraft Helicopter 21. Date Last Agency Check Ride: [REDACTED]
 b. ATP X c. COM [REDACTED] d. Ratings SK-76 BV-234 SK-61 BV-107

Pilot-In-Command Flight Time Type of Flying Hours
 22. Total Helicopter 12500
 23. Weight Class: under 6,000 1800 over 6,000 11500 over 12,500 [REDACTED]
 24. Turbine Engine (Helicopters) 12500 38. BV-234 39. BV-107 40. SK-61
 25. Reciprocating Engine (if applicable) SK-61 41. [REDACTED] 42. [REDACTED]
 26. Make/Model To Be Flown 40149 43. Last 135 Check (Attach Copy): Date [REDACTED] Model [REDACTED]
 27. Additional Make/Model [REDACTED] 44. Six Month Instrument Check: Date [REDACTED]
 28. Preceding 12 months 500 45. ACC/INC Explanation: [REDACTED]
 29. Make, Model & Series Preceding 12 months 500
 30. Helicopter Preceding 60 days 80.0
 31. NVG [REDACTED]
 32. ADC [REDACTED]
 33. Instrument 18000
 34. Night 1800
 35. Mountainous Terrain 9500
 36. Mountainous Terrain Make/Model 40149
 37. Other [REDACTED] 46. Signature (Pilot) [REDACTED] 47. Date 28 Feb 03

SECTION II - For Inspector's Use Only (Initial appropriate entries)

1. Duty Approved For: (Inspector Shall Initial)

a. () Animal Damage Control (3)*	g. () Other aerial ignition	m. () Rappel (9d)
b. () Animal Counting/Herding (6a)	h. () Helitanker/Bucket (2b)	n. () Reconnaissance/Surveillance (6d)
c. () Applicator (10)	i. () Instrument (11)	o. () Sling Operations (1)
d. () Fire Suppression/Helitack (2a)	j. () Long Line (12)	p. () Snow Operations (deep snow) (4)
e. () Float Operations (Fixed Fit) (5)	k. () Mountain Flying (9a)	q. () Other _____
f. () Helitorch (8)	l. () Night Vision Goggles (13)	r. () Other _____

2. Type Aircraft Approved For:	3. Signature (Inspector)	4. Agency	5. Date	6. Expiration Date
7. Type Aircraft Approved For:	8. Signature (Inspector)	9. Agency	10. Date	11. Expiration Date

Remarks



HOUSTON CASUALTY COMPANY

PILOT EXPERIENCE FORM

1. Insured Name _____ Policy No. _____
 2. Pilot's Name Roark D. Schwanenberg Date of Birth
 Address Lostine, OR Marital Status M
 Occupation Pilot Employer Carson Helicopters, Inc. How Long 16 years
 3. FAA Certificate NO. F.A.A. Medical Class II; Date of Medical 02\02\05; Date of Biennial Flight Review 05\28\04

CERTIFICATE Student ; Recreational ; Private ; Commercial ; ATP ; Instructor .

RATINGS

Airplane Rotorcraft ; Glider ; Lighter Than Air .

AIRPLANE CLASS RATINGS

Single-Engine Land Multiengine Land ; Single-Engine Sea ; Multiengine Sea .

ROTORCRAFT CLASS RATINGS

Helicopter Gyroplane .

LIGHTER-THAN-AIR CLASS RATINGS

Airship ; Free Balloon .

INSTRUMENT RATINGS

Instrument-Airplane Instrument-Helicopter

INSTRUCTOR RATINGS

Airplane Single-engine ; Airplane Multiengine ; Rotorcraft Helicopter ; Instrument-Airplane ; Instrument-Helicopter .

4. TOTAL LOGGED CIVILIAN PILOT HOURS: Pilot in Command _____; Co-Pilot _____
 TOTAL LOGGED MILITARY PILOT HOURS: Pilot in Command _____; Co-Pilot _____

Enter breakdown of LOGGED PILOT IN COMMAND Hours Below (Military and Civilian Combined)

	TOTAL TIME	TOTAL LAST 5 YEARS	TOTAL LAST 12 MONTHS	TOTAL IFR	TOTAL IFR 12 MONTHS
AIRPLANE					
Single-Engine Land Fixed Gear					
Single-Engine Land Retractable Gear					
Single-Engine Sea					
Single-Engine Tailwheel					
Multiengine Land					
Multiengine Sea					
ROTORCRAFT-HELICOPTER					
Piston Powered	80				
Turbine Powered	19986	4750	1394		
Glider					
SPECIFIC MAKE AND MODEL OF AIRCRAFT					
Sikorsky S-61	9938	4750	1394		

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

- Are you flying under any waiver or limitation? (on your medical or pilot certificate) NO YES
- Have you ever been penalized for violation of any F.A.R. NO YES
- Have you ever had an aircraft claim, incident or accident? NO YES
- Have you ever been cited or fined for violation of an aviation regulation? NO YES
- Have you ever been convicted of a felony or are you under indictment for a felony? NO YES
- Has your drivers license ever been suspended? NO YES
- Have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?.. NO YES
- Have you ever been treated for chemical dependency or alcohol abuse? NO YES
- Are you regularly using any medication? NO YES

EXPLAIN fully each YES answer #1, Glasses _____

(for additional space use back)



JUSTON CASUALTY COMPANY PILOT EXPERIENCE FORM

1. Insured Name Carson Helicopters Inc Policy No. _____
 2. Pilot's Name Ronak D. Schwamberry Date of Birth [REDACTED]
 Address [REDACTED] Lostine OR 97857 Marital Status married
 Occupation Helicopter Pilot Employer Carson Helicopters Inc How Long 16 years
 3. FAA Certificate NO. [REDACTED] F.A.A. Medical Class II; Date of Medical JAN 26 1994; Date of Biennial Flight Review 6 Jan 04

CERTIFICATE

Student ; Recreational ; Private ; Commercial ; ATP ; Instructor

RATINGS

Airplane ; Rotorcraft ; Glider ; Lighter Than Air

AIRPLANE CLASS RATINGS

Single-Engine Land ; Multiengine Land ; Single-Engine Sea ; Multiengine Sea

ROTORCRAFT CLASS RATINGS

Helicopter ; Gyroplane

LIGHTER-THAN-AIR CLASS RATINGS

Airship ; Free Balloon

INSTRUMENT RATINGS

Instrument-Airplane ; Instrument-Helicopter

INSTRUCTOR RATINGS

Airplane Single-engine ; Airplane Multiengine ; Rotorcraft Helicopter ; Instrument-Airplane ; Instrument-Helicopter

4. TOTAL LOGGED CIVILIAN PILOT HOURS:

Pilot in Command 10226; Co-Pilot 72212

TOTAL LOGGED MILITARY PILOT HOURS:

Pilot in Command 625; Co-Pilot 500

Enter breakdown of LOGGED PILOT IN COMMAND Hours Below (Military and Civilian Combined)

	TOTAL TIME	TOTAL LAST 5 YEARS	TOTAL LAST 12 MONTHS	TOTAL IFR	TOTAL IFR 12 MONTHS
AIRPLANE					
Single-Engine Land Fixed Gear					
Single-Engine Land Retractable Gear					
Single-Engine Sea					
Single-Engine Tailwheel					
Multiengine Land					
Multiengine Sea					
ROTORCRAFT-HELICOPTER					
Piston Powered	80	2	2	2	2
Turbine Powered	18,592	4,750	744.0	380	2
Glider					
SPECIFIC MAKE AND MODEL OF AIRCRAFT					
SK-61	8,544.0	4,750.0	744.0	2	2

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

1. Are you flying under any waiver or limitation? (on your medical or pilot certificate) NO YES
2. Have you ever been penalized for violation of any F.A.R. NO YES
3. Have you ever had an aircraft claim, incident or accident? NO YES
4. Have you ever been cited or fined for violation of an aviation regulation? NO YES
5. Have you ever been convicted of a felony or are you under indictment for a felony? NO YES
6. Has your drivers license ever been suspended? NO YES
7. Have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?.. NO YES
8. Have you ever been treated for chemical dependency or alcohol abuse? NO YES
9. Are you regularly using any medication? NO YES

EXPLAIN fully each YES answer Possess Glasses For Near Vision
 (for additional space use back)



Donald O. Warren, M.D., F.A.C.S.
PHYSICIAN & SURGEON
ORTHOPEDIC AND FRACTURE SURGERY
SURGERY OF THE HAND

700 Sunset Drive, Suite F

La Grande, Oregon 97850

541-963-8578

From: Fax: 541-963-8932 Date: 3-17-08

Name: Jesse

To: Fax: [Redacted] Phone: [Redacted]

Intended Recipient: Carson Helicopters attn: Tami

Re: Roark Schwanenberg

Claim # or DOB: [Redacted]

No. of Pages: 2 (Including this cover sheet)

Comments: work release note

Attention: The accompanying faxed information is intended for the sole use of the individual or entity to whom it is addressed, and contains information that is privileged, confidential, and exempt from further disclosure under applicable state and federal law.

If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may NOT use, copy, disclose or distribute this information to anyone. If you have received this information in error, please immediately advise the sender AND destroy this information appropriately.

THANK YOU

DONALD O. WARREN, M.D.
Physician and Surgeon
700 SUNSET DRIVE, SUITE F
LA GRANDE, OREGON 97650

WORK STATUS

Mr.
Mrs.
Miss

Roark Schwaneberg

(is / is not) able to return to work

beginning of

Monday 3/20/06

Restrictions

None

Date

3/17/06

Doctor's Signature

[Redacted Signature]



United States
Department of
Agriculture

Forest
Service

Regional Aviation Group
1738 SE Ochoco Way
Redmond, OR 97756
(541) 504-7252

File Code: *

Date: * June 27, 2005

Carson Helicopters
828 Brookside Boulevard
Grants Pass, OR 97526


Dear Mr. Rice:

Following the recent Crew Resource Management classes that were offered this past spring in Boise and Spokane, I received a list of attendees and wanted to thank you and your company for the participation. Setting aside the time and money isn't always easy. The importances of having individuals understand their vital role to the safety system and how they can more effectively accomplish our collective goals is of great value. Those reaping the benefits are not only the individual, but the company, the agency and the general public as well. Thank you for investing the time and effort for us all.

With fire season just around the corner we know the challenges and activities it will no doubt present. We are looking forward to working with all of our partners in the effort to manage our resources, and appreciate your dedication to professionalism through the extended effort in training your personnel.

Very Sincerely,

Janine Smith
Aviation Safety Specialist, R-6
Regional Aviation Group
1740 SE Ochoco Way
Redmond, OR 97756


Thank You:

Aaron Lighter
Bill Coultas
Greg Conaway
Jimmy Poulson
Roark Schwanenberg
Steve Aiken
Joe Rice





Winding Waters Clinic P.C.

PHYSICIANS AND SURGEONS
406 NE 1ST • P.O. BOX 430 ENTERPRISE, OR 97028

Lowell E. Fuhus, M.D.

FOR Roark Schwaneberg

DATE 4-5-05

R may return to full work duty
4-6-05

REFILL # _____ [Signature] _____ M.D.

PERSONNEL HIRE / CHANGE FORM
CARSON HELICOPTERS, INC.
828 Brookside Blvd. Grants Pass, OR 97526

Employee Name Ronk Schwandenberg Date: 1/11/08

All changes for current employees will take effect on the first day of the pay period following the change.

CHANGES: Rate 6051000 To: 120000 5167
 Job Title
 Other NO Flight Pay

REASON FOR CHANGES:

- Hire
- Promotion
- Demotion
- Transfer
- Merit Increase
- Probationary Period
- Length of Service
- Re-hire
- Re-evaluation of Job
- Resignation
- Retirement
- Layoff
- Discharge
- Leave of Absence

Other (Explain):

Disciplinary Action/Termination

WARNING: ORAL WRITTEN

REASON FOR WARNING:

ACTION:

Supervisor's Signature

Employee Signature



Enrollment Application: Group Insurance for TOC Benefits Trust

Employee's family
Medical-Dental

Effective Date: 5-1-99 Process date: _____
Employer TOC No: _____ Amount of life insurance: \$ _____
Blue Cross Group No: _____ Amount of short-term disability: \$ _____

Please check and complete the appropriate items on both sides of this form.

Applicant

- I am applying for new enrollment. Give the date of full-time hire: 12/1/1994
- I have been rehired within six months of layoff. Give the date of rehire: _____
- I am applying to add family members to my coverage.
- If the addition is because of marriage, give the date of marriage: _____
- I am applying for COBRA. Give the date of the qualifying event: _____
- I am applying to remove family members from my coverage for the following reasons (check one):
 - Voluntarily, effective on 1st of month following election
 - Death. Give the date of death: _____
 - Divorce. Give the date of divorce: _____

Applicant's Personal Information

Name: Schwabenberg, Roark D Medical Other
 Social Security Number: _____
 Street address: _____
 City, state, zip: Costine, TX 77857
 Telephone: _____
 Date of birth: _____
---HMO/PPO---primary-care-physician---

Employer's name: Carson Services, Inc Self Spouse
 Type of coverage: Medical Dental Salary Hourly

Dependents

Dependent's Name	Relationship to you	Date of Birth	Type of Coverage	Medical	Dental	HMO/PPO	Primary Care Physician
Spouse: <u>Schwabenberg, Christine</u>	<u>wife</u>	_____	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child: <u>Isiatsas, Christopher</u>	<u>son</u>	_____	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child: <u>Isiatsas, Deena</u>	<u>daughter</u>	_____	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child: <u>Schwabenberg, Margo</u>	<u>daughter</u>	_____	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child: _____	_____	_____	<input type="checkbox"/> Medical <input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waiver:

I understand that failure to choose the above coverage for myself or my eligible family members means that I waive coverage that my employer offered for specified employee contribution.

Prior Coverage

Do you have coverage that will no longer be in effect when the new coverage starts?
 If you answered yes, complete the following:

Policy Number: _____ Identification Number: _____
 Name and location of insurance company: Unicare, Springfield, MA
 Date the prior coverage began: 3/95 Date the coverage ends: 4/30/99

Update to Pilot Personnel File

Name Rock Swannenberg

Emergency Contact Christine Swannenberg - wife

LaStine OR 97857
Home- [redacted] cell- [redacted]
Where Date

Training
CRM Spokane, Wa 27 Jun 05

Nat'l Aerial FF Academy _____

Security

Federal Security - Secret US Army 74-79 Secret

USFS Security _____

Current Passport yes

Willing to travel out of the country? it Depends ON The Situation

Miscellaneous

Shirt Size 2XL

Jacket Size 2XL

Flightsuit Size 50 Long

Model Flight Helmet HGU-84

Ca... Services, Inc Helicopter Logging Division
Employee Emergency Contacts

Employee Name Roark David Schwanenberg
Home Address [REDACTED]
Lostine, Oregon 97857
Phone [REDACTED] Cell [REDACTED]
Date of Birth [REDACTED]

Are you Allergic to any Medications?
 No Yes

If Yes List:

In Case of Emergency Who Should We Contact?

Name Christine Schwanenberg
Relationship wife
Address SAME
Phone same cell [REDACTED]

Name Donald Schwanenberg
Relationship Father
Address Klamath Falls, OR
Phone [REDACTED]