

09/16/2003 10:56

NO.516 D04

COLGAN AIR

**FLIGHT CREW GROUND TRAINING
BEECH 1900 / SAAB 340
INITIAL NEW HIRE**

EMPLOYEE NO.

LAST NAME

FIRST NAME

INITIAL NAME OR INITIAL

99674

Krahe

Scott

A.

POSITION BEING TRAINED FOR:
START TRAINING DATE:

CAPTAIN

FIRST OFFICER

July
MONTH

16
DAY

2001
YEAR

GROUND TRAINING SEGMENTS

HOURS REQUIRED

DAYS TRAIN COMPLETED

INSTRUCTOR NAME

INSTRUCTOR SIGNATURE

EMP. NO.

BASIC INDOCTRINATION

48 3 JUL 2001

Edward O Yardi

99044

EMERGENCY:

A. GENERAL

4

B. DRILLS

2

AIRCRAFT GROUND TRAINING

(HOURS ONLY)

BEECH 86
SAAB 82

27/16/01

JL Carver

96011

HAZARDOUS MATERIALS

2 3 JUL 2001

Edward O Yardi

99044

SECURITY

2 3 JUL 2001

Edward O Yardi

CREW RESOURCE MANAGEMENT

2 3 JUL 01

Edward O Yardi

WINTER OPERATIONS

2 3 JUL 01

Edward O Yardi

99044

SPECIAL USE AIRPORTS

2 3 JUL 2001

Edward O Yardi

99044

SPECIAL APPROACH AIRPORTS

2 3 JUL 01

Edward O Yardi

99044

CERTIFICATION

The above signed instructor(s) have instructed the above named trainee in the GROUND TRAINING SEGMENTS of the Colgan Air, Inc. training program. The instruction has included all of the segments, as listed above and were completed in the required hours. The trainee was found to be knowledgeable and proficient with regard to each of the listed segments of training. His/her test score was corrected to 100%.

TRAINEE ACKNOWLEDGEMENT

I hereby acknowledge that I have received the training as documented above for each segment of training. I consider myself proficient and knowledgeable in the training segments presented.

Scott A. Krahe
Trainee Name

[Signature]
Trainee Signature

99674
Emp. I.D. #

7/27/01
Date

09/16/2003 10:56

NO.516 085

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):
SCOTT A KNABE
[REDACTED]
CINCINNATI, OHIO 45231

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	73	245	BROWN	BLUE	MALE

has met the medical standards prescribed in part 87, Federal Aviation Regulations, for this class of Medical Certificate.

REMARKS: HOLDER MUST WEAR CORRECTIVE LENSES

Date of Examination: **05-08-2001** Examiner's Designation No.: **18081-4**

EXAMINER'S SIGNATURE: [Signature]
ROBERT A STEIN M.D.

AIRMAN'S SIGNATURE: [Signature]

FAA Form 0600-6 (2-00) Supersedes Previous Edition

UNITED STATES OF AMERICA
Federal Aviation Administration

SCOTT A KNABE
[REDACTED]
CINCINNATI, OHIO 45231

EXAMINER'S SIGNATURE: [Signature]
ROBERT A STEIN M.D.

UNITED STATES OF AMERICA
Federal Aviation Administration

SCOTT A KNABE
[REDACTED]
CINCINNATI, OHIO 45231

EXAMINER'S SIGNATURE: [Signature]
ROBERT A STEIN M.D.

09/16/2003 10:56

NO. 516 006

SCOTT ANDERSON CHAIR
 ALL RIGHTS
 COMMERCIAL PILOT
 AIRPLANE SINGLE ENGINE LAND & SEA AIRPLANE MULTISEATING LAND
 AIRPLANE MULTISEATING
 ALL LIMITATIONS

SCOTT ANDERSON CHAIR
 ALL RIGHTS
 COMMERCIAL PILOT
 AIRPLANE SINGLE ENGINE LAND & SEA AIRPLANE MULTISEATING LAND
 AIRPLANE MULTISEATING
 ALL LIMITATIONS

CONDITIONS OF ISSUE

This certificate shall be in the personal possession of the airman at all times while exercising the privileges of his or her airman certificate. The issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. Unless reversed or otherwise limited in duration, this certificate, in accordance with § 61.23 (14 CFR part 61) becomes valid for the time limits specified below.

- a. **FIRST-CLASS** - 6 calendar months for those operations requiring a First-Class Medical Certificate; 12 calendar months for those operations requiring only a Second-Class Medical Certificate; or 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring only a Third-Class Medical Certificate.
- b. **SECOND-CLASS** - 12 calendar months for those operations requiring a Second-Class Medical Certificate; or 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring only a Third-Class Medical Certificate.
- c. **THIRD-CLASS** - 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring only a Third-Class Medical Certificate.

PROHIBITIONS ON OPERATION DURING MEDICAL DEFICIENCY

The holder of this certificate is governed by the provisions of §§ 61.63, 63.18, and 63.40(d) relating to medical deficiency (14 CFR parts 61, 63, and 65).

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION

NOTICE OF DISAPPROVAL OF APPLICATION

NOTE
PRESENT THIS FORM
UPON APPLICATION
FOR REEXAMINATION

NAME AND ADDRESS OF APPLICANT

SCOTT ANDREW KNABE
[REDACTED]
CINCINNATI OHIO 45231

CERTIFICATE OR RATING
SOUGHT

ATP
BE 1900 Type

On the date shown, you failed the examination indicated below:

FLIGHT

ORAL

PRACTICAL

AIRCRAFT USED (Make and Model)

BE-1900

FLT. TIME RECORDED IN LOGBOOK

PILOT-IN-COMM. OR SOLO	INSTRUMENT	DUAL
1416.9	84.8	175.0

UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING:

- ① AREA of Operation : INSTRUMENT PROCEDURES
- TASK ① NONPRECISION INSTRUMENT APPROACHES
- ② AREA of Operation : NORMAL AND ABNORMAL PROCEDURES

I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate or rating sought.

DATE OF EXAMINATION

01-06-03

SIGNATURE OF EXAMINER OR INSPECTOR

[REDACTED] III

DESIGNATION OR
OFFICE NO.

[REDACTED]

UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
NOTICE OF DISAPPROVAL OF APPLICATION

NOTE
 PRESENT THIS FORM
 UPON APPLICATION
 FOR REEXAMINATION

NAME AND ADDRESS OF APPLICANT

SCOTT ANDREW SMITH
 [REDACTED]

CERTIFICATE OR RATING
 SOUGHT

COMM/ME

On this date, you failed the examination indicated below:

FLIGHT ORAL PRACTICAL

AIRCRAFT USED (Make and Model)

BE-76 CESSNA

FLY. TIME RECORDED IN LOGBOOK

PILOT-IN-COMM. OR SOLO	INSTRUMENT	DUAL
---------------------------	------------	------

620.4	53.8	136
--------------	-------------	------------

UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING:

AREA OF OPERATION 8B 9B,C

F-217888489

I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate or rating sought.

DATE OF EXAMINATION

24-24-68

SIGNATURE OF EXAMINER OR INSPECTOR

[Signature]

DESIGNATION OR OFFICE NO.

80-41-14

FAA Form 8060-5 (4-70)

REPORTING OFFICE: 1075 475 868

CJC

PRINTED: 27AUG03 1045

1

Summary - All Training Report - by Date/Eqpt/Pos

ID # 99674

KNABE

SCOTT

A

Qual1: HYA -BE1

-CA

Qual2: -

Qual3: -

Qual4: -

Certificate# ATP: 18MAR03

Certificate # COM: 18MAR03

Certificate # FE :

Date of Medical: 18MAR03

A/C	POS	CODE	DESCRIPTION	S/U	TrgDate	BaseMonth	Instructor#	Hrs/min.	Lndgs	Cls	FAA
		UEM	Upgrade Flight Crew General Emergency		19DEC02	DEC	99146	1:00	00	00	
		UWO	Upgrade Winter Operation/ANTI-ICE/DE-ICE		18DEC02	DEC	99146	1:00	00	00	
		USEC	Upgrade Security Training		18DEC02	DEC	99146	2:00	00	00	
		USAT	Upgrade Special Airport Training		18DEC02	DEC	99146	0:30	00	00	
		UHAZ	Upgrade Hazardous Material Training		18DEC02	DEC	99146	1:00	00	00	
		UCRM	Upgrade Crew Resources		18DEC02	DEC	99146	2:00	00	00	
		UBI	Upgrade Flight Crew Basic Indoctrination		18DEC02	DEC	99146	2:00	00	00	
		RWO	Recurrent Winter Ops /ANTI-ICE/DE-ICE		13JUN02	JUL	99044	1:00	00	00	
		RSEC	Recurrent Security Training		13JUN02	JUL	99044	2:00	00	00	
		RSAT	Recurrent Special Airport Training		13JUN02	JUL	99044	0:30	00	00	
		RHAZ	Recurrent Hazardous Material Training		13JUN02	JUL	99044	1:00	00	00	
		REM	Recurrent Flight Crew General Emergency		13JUN02	JUL	99044	1:00	00	00	
		RCRM	Recurrent Crew Resources		13JUN02	JUL	99044	2:00	00	00	
		RBI	Recurrent Flight Crew Basic Indoc		13JUN02	JUL	99044	2:00	00	00	
		IEM	Initial Flight Crew General Emergency		20AUG01	JUL	96011	4:00	00	00	
		IWO	Initial Winter Operation/ANTI-ICE/DE-ICE		23JUL01	JUL	99044	2:00	00	00	
		ISEC	Initial Security Training		23JUL01	JUL	99044	4:00	00	00	
		ISAT	Initial Special Airport Trng		23JUL01	JUL	99044	1:00	00	00	
		IHAZ	Initial Hazardous Materials Training		23JUL01	JUL	99044	2:00	00	00	
		ICRM	Initial Crew Resources		23JUL01	JUL	99044	8:00	00	00	
		IBI	Initial Flight Crew Basic Indoctrination		23JUL01	JUL	99044	40:00	00	00	
BE1	CA	RPT	Recurrent Proficiency Training		05JUN03	JUL	98037	2:00	03	03	
			TP-LANDINGS-W/ENGINE FAILURE								
BE1	CA	UOE	Upgrade Operating Experience		23JAN03		92002	20:54	21	21	KEITH CLARK
		- EA									
BE1	CA	ULC	Upgrade Line Check		23JAN03	JAN	92002	2:00	00	00	
BE1	CA	UPC	Upgrade Proficiency Check (Sim or A/C)		08JAN03	JAN	92002	2:00	03	03	
BE1	CA	QSIM	Requalification Simulator Training		07JAN03		02039	2:00	00	00	
BE1	CA	UPC	Upgrade Proficiency Check (Sim or A/C)	U	06JAN03	JAN	92002	2:00	00	00	
			U-GENERAL NORMAL/ABNORMAL AND JUDGMENT, INSTRUMENT PROCEDURES-NON PRECISION APPS.								
BE1	CA	USIM	Upgrade Simulator Training		05JAN03		02097	13:00	00	00	
BE1	CA	UDIFF	Upgrade Differences		02JAN03	DEC	02097	4:00	00	00	
BE1	CA	ULFT	Upgrade LOFT		31DEC02		02097	4:00	00	00	
BE1		UEMD	Upgrade Emergency Drill		19DEC02	DEC	99146	1:00	00	00	
BE1		USA	Upgrade Special Approach Training		18DEC02	DEC	99146	0:30	00	00	
BE1		UAGT	Upgrade Aircraft Ground Training		18DEC02	DEC	99146	16:00	00	00	
BE1	FO	RPT	Recurrent Proficiency Training		20AUG02	JUL	99063	2:00	00	00	
			TP-INSTRUMENT PROCEDURES-HOLDING AND GENERAL-EMERGENCY PROC								
BE1	FO	RDIFF	Recurrent Differences		13JUN02	JUL	99044	0:15	00	00	
BE1		RSA	Recurrent Special Approach Training		13JUN02	JUL	99044	0:30	00	00	

CJC

PRINTED: 27AUG03 1045

Summary - All Training Report - by Date/Eqpt/Pos

ID # 99674

KNABE

SCOTT

A

Qual1: HYA -BE1

-CA

Qual2:

Qual3:

Qual4:

Certificate# ATP: 2672253

Certificate # COM: 22888663 Certificate # FE :

Date of Medical: 18MAR03

A/C	POS	CODE	DESCRIPTION	S/U	TrgDate	BaseMonth	Instructor#	Hrs/min.	Lndgs	Cls	FAA
BE1		REMDP	Recurrent Emergency Drill Pictorial		13JUN02	JUL	99044	1:00	00	00	
BE1		RAGT	Recurrent Aircraft Ground Training		13JUN02	JUL	99146	8:00	00	00	
BE1		CKS	Consolidation Of Knowledge And Skills		12DEC01			:	00	00	
BE1	FO	XIOE	Extra Operating Experience		23NOV01		99079	3:15	00	00	
RETURNED FROM FURLOUGH-RECONFIRMING SKILLS PRIOR TO LINE FLYING											
BE1	FO	IOE	Initial Operating Experience		03SEP01		99079	21:55	18	18	
BE1		IEMD	Initial Emergency Drill		20AUG01	JUL	96011	2:00	00	00	
BE1	FO	ILFT	Initial LOFT		17AUG01		8327 FSI	4:00	00	00	
BE1	FO	IPC	Initial Proficiency Check (Sim or A/C)		15AUG01	JUL	7452 FSI	2:00	00	00	
85% IN SIMULATOR ONLY;15% COMPLETED IN AIRCRAFT 221CJ ON 22AUG01 BY 99063											
BE1	FO	IDIFF	Initial Differences		15AUG01	JUL	7452 FSI	4:00	00	00	
BE1	FO	ISIM	Initial Simulator Training		13AUG01		8327 FSI	20:00	00	00	
BE1		IAGT	Initial Aircraft Ground Training		02AUG01	JUL	96011	56:00	00	00	
BE1		ISA	Initial Special Approach Training		23JUL01	JUL	96011	1:00	00	00	

END OF EMPLOYEE REPORT

End Of Report

09/16/2003 10:56

NO.516 603

Graduation Certificate

COURSE ENROLLED

- Colgan Air PIC/SIC BE-1900 Initial New Hire Equipment Training ATP/Aircraft Type Rating Course
- Colgan Air SIC to PIC Upgrade Training ATP Certificate/BE1900 Type Rating

at FlightSafety

LaGuardia Learning Center
Marine Air Terminal
LaGuardia Airport
Flushing, New York 11371

Certificate # F5SX505K

I have reviewed Scott A. Knabe training records and have found all required training modules to be complete.

Anthony Graham
Print

[Redacted Signature]
Signature
CENTER MANAGER, DOS, DOT PM

8/13/2001

Date of Graduation

Special Curricula Enrollment

Seat Position PIC SIC

Colgan Air PIC/SIC BE-1900 Initial New Hire Equipment Training ATP/Aircraft Type Rating Course

Colgan Air SIC to PIC Upgrade Training ATP Certificate/BE1900 Type Rating

In order to receive a type rating and or a 100% 121.441 initial check in a level C flight simulator, proof of prerequisite experience is required as defined in or 61.157 and Colgan/ FlightSafety approved programs.

Please indicate type of prerequisite experience:

ATP Certificate

ATP Experience as Defined in 61.159 (LOG BOOK REVIEW REQUIRED)

Commercial Certificate

Pilots Name SCOTT A. KNABE
Pilots Signature [Signature]


Please attach a copy of current US or ICAO pilot certificates, medical certificates, and ATP or other written test results.

Meets enrollment prerequisites.

Type of Check 100% (LOFT REQUIRED)

85%

[Signature]
Director of Pilot Training

COLGAN AIR 		COLGAN AIR, INC. BEECH 1900 PILOT TRAINING FORM					
ID NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME	CATEGORY OF TRAINING			
99674	Krabe	Scott	A.	<input type="checkbox"/> CAPTAIN <input checked="" type="checkbox"/> FIRST OFFICER <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> TRANSITION <input type="checkbox"/> UPGRADE <input type="checkbox"/> RECURRENT <input type="checkbox"/> RE-QUALIFICATION			
DATE	LESSON 1	LESSON 2	LESSON 3	LESSON 4	LESSON 5	LESSON 6	LESSON 7
Aug 2001	8/7	8/8	8/9	8/10	8/11	8/12	8/13
A/C REG. NO. or SIM NO./LEVEL	278/C	278/C	278/C	278/C	278/C	279/C	278/C
FLIGHT TIME/INSTRUCTION TIME	2.0/2.0	2.0/2.0	2.0/2.0	2.0/2.0	2.0/2.0	2.0/2.0	2.0/2.0
FLIGHT TIME TO DATE (FP/NFP)	2.0/2.0	4.0/4.0	6.0/6.0	8.0/8.0	10.0/10.0	12.0/12.0	14.0/14.0
FSI INSTRUCTOR - ID/INITIALS	8327 PW	8327 PW	8327 PW	8327 PW	8327 PW	8327 PW	8327 PW
STUDENT - ID/INITIALS	SK	SK	SK	SK	SK	SK	SK
	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE
PREFLIGHT							
COCKPIT PRE-FLIGHT	2	2		1			
USE OF CHECKLIST	2	2		2	1		1
BRIEFINGS	2	2		1			
NORMAL ENGINE STARTS	2	1					
ABNORMAL ENGINE STARTS	2	1					
TAXIING	2	1					
TAKE-OFFS							
VISUAL	2	1					1
INSTRUMENT (1/4 MILE OR LESS)			1				
CROSSWIND			1				
VI CUTS				2	2	1	1
REFLECTED	2	1					1
DEPARTURE PROCEDURES							
NOISE ABATEMENT CLIMB		2	1				
AREA DEPARTURE		2	1				1
EN-ROUTE CLIMB			1				
AREA ARRIVALS					1		
HOLDING		2	1				
STEEP TURNS	1					1	
APPROACHES TO STALLS	2				2	1	1
USE OF ANTI-ICE EQUIPMENT			1				
APPROACHES							
VISUAL & CONTACT APPROACHES	2	2				1	1
ILS (ILS/DME)	2	2		1	3	1	1

APPROACHES (CONT'D)							
VOR (VOR/DME)		2		2		1	1
NDB (NDB/DME)			2	2	2	1	1
LOC. (BACK-COURSE) & LOC/DME			1				
SDF & ASR							
ENGINE INOPERATIVE (LS)				2	2		1
LDA (LDA/DME)			1				
MISSED APPROACH		2	2	1	3	2	1
F/D APPROACHES							
LANDINGS							
VISUAL	3	2		1			
FROM PRECISION APPROACH		2					1
FROM NON PRECISION APP.		2	2	1			1
ENGINE INOPERATIVE				2	2	1	
REJECTED LANDINGS			2		3	2	1
CIRCLE TO A LANDING (OTHER)		2				1	1
ABNORMAL PROCEDURES							
AIR START (STARTER ASSIST)				1			
LANDING				2		1	
SYSTEMS (oil - fuel - Elect.)		2	2	1			1
LANDING GEAR			1				
ICE PROTECT							
VACUUM, STATIC, CRACKED WS FLT IN ICING/AUTO PILOT USE				1			
EMERGENCY PROCEDURES							
EMERGENCY AIRSPERDS			1				
ENGINE FAILURE				2			
FUEL SYSTEM			2	1			
SMOKE & FUMES ELIMINATION				1			
FOR. CABIN or AN CARGO DOOR		2	1				
EMERGENCY DESCENT			1				
ELECTRICAL		2				1	
FLIGHT CONTROLS		1					
ENVIRONMENTAL SYSTEMS			1				
EMERGENCY EXIT				1			
HYD FAILURES			1				
WINDSHEAR (During T/O, After T/O & During APP) Simulator Only					1		
CRM	2	2	2	2	2	1	1
CREW COORDINATION	2	2	2	2	2	2	1
JUDGEMENT	2	2	2	2	2	1	1

I consider this trainee ready to take the flight Test in less than the programmed hours. This authorization is made in accordance with the provisions of FAR 121.401(c).

I consider this trainee ready to take the flight test appropriate to the crew member position that he/she has been trained for. This is not an authorization in accordance with FAR 121.401(c).
 Paul Wilke (FSI INSTRUCTOR NAME) [Signature] (FSI INSTRUCTOR SIGNATURE) 9527 (ID NUMBER) 08/13/01 (DATE TWO COMPLETE)

I consider myself ready to take the flight test.
 Scott A. Krabe (TRAINEE NAME) [Signature] (TRAINEE SIGNATURE) 99674 (ID NUMBER) 8/13/01 (DATE)

GRADING INFORMATION KEY: NA=NOT APPLICABLE
 TP=TRAINED TO PROFICIENCY, S=SATISFACTORY, U=UNSATISFACTORY, W=WAIVED, O=DEMONSTRATED
 Colgan Air Manual/Colgan Air 121 Manual VOL IV Treatment/Current Treatment/Training Form/Colgan Current Training Certificate/Flight Crewmember/Signoff/PC 3E19 PFM Ac 9.400
 REVISION (6) 20 OCT 00

09/16/2003 10:56

NO. 516 D09

COLGAN AIR		COLGAN AIR, INC.	
BEECH PILOT PROFICIENCY CHECK 121.443			
EMPLOYEE ID NO. <u>99674</u>	LAST NAME <u>Kuabe</u>	FIRST NAME <u>Scott</u>	MIDDLE INITIAL <u>A.</u>
CATEGORY OF CHECK		SIMULATOR <input checked="" type="checkbox"/>	AIRCRAFT <input type="checkbox"/>
		CAPT <input type="checkbox"/>	F/O <input checked="" type="checkbox"/>
		TILPC <input type="checkbox"/>	
<input checked="" type="checkbox"/> INITIAL PROF. CHECK		<input type="checkbox"/> RECURRENT PROF. CHECK	
		<input type="checkbox"/> RE-QUALIFICATION CHECK	
PREFLIGHT (A/C N No. for Preflight) <u>271</u>		INFLIGHT MANEUVERS	
ORAL/EQUIPMENT EXAM	S	STEEP TURNS	S
PRE-FLIGHT INSP. (Interior and Ext.)	S	APPROACHES TO STALLS	S
TAXING	S	SPECIFIC FLIGHT CHAR.	NA
POWERPLANT CHECKS	S	POWER PLANT FAILURES	S
EQ. EXAM. COMPLETED BY: <u>JAL 12/14/01</u>		ENGINE INOPERATIVE APPROACH	S
TAKE-OFFS		LANDINGS	
NORMAL	S	NORMAL	S
INSTRUMENT	S	FROM AN ILS	S
CROSSWIND	S	CROSSWIND	S
V. CUTS	S	W/ENGINE FAILURE	S
REJECTED TAKE-OFF	S	W/ FAILURE of FLAPS	S
*WIND SHEAR PRIOR TO T/O (Sim. Only)	-	REJECTED	S
*WIND SHEAR AFTER T/O (Sim. Only)	-	FROM AN CIRCLING APPROACH	S
INSTRUMENT PROCEDURES		GENERAL	
AREA DEPARTURE	S	NORMAL/ABNORMAL PROC.	S
HOLDING	S	JUDGEMENT	S
AREA ARRIVAL	S	EMERGENCY PROC	S
ILS APP.	S	CREW COORDINATION	S
ILS APP. W/ENGINE INOP	S	As least one of the windshear events must be conducted on a rotating basis during Sim. Ch.	
ILS APP. W/ FLT DIR. (D-Model)	-	OTHER PROCEDURES OR MANEUVERS	
2 - NON PRECISION APPS.	S	VFR PROCEDURES	S
2 - MISSED APPROACHES	S	TYPE OF QUALIFICATION (100% OR 85/15)	
*WINDSHEAR DURING APP. (Sim. Only)	-	S 90	

CHECK AIRMAN CERTIFICATION

I have conducted a proficiency check or TILPC on the above named individual.

RESULT OF CHECK IS SATISFACTORY RESULT OF CHECK IS UNSATISFACTORY

Joe Joseph [Signature] # 7452 8/15/01

CHECK AIRMAN NAME CHECK AIRMAN SIGNATURE ID NUMBER DATE CHECK COMPLETE

GRADING INFORMATION KEY: NA=NOT APPLICABLE TP=TRAINED TO PROFICIENCY, S=SATISFACTORY, U=UNSATISFACTORY, W=WAIVED, -DEMONSTRATED


CHECK AIRMAN'S PERFORMANCE (If observed by an FAA Inspector)

CHECK AIRMAN'S PERFORMANCE SATISFACTORY

CHECK AIRMAN'S PERFORMANCE UNSATISFACTORY

INSPECTOR'S SIGNATURE _____ DISTRICT OFFICE _____ DATE _____

© Colgan Air 2003 Colgan Air 121 Manual VOL IV Training/Current Training/Training Permit/Colgan Current Training Certificate/Flight Crewmember/Basic/PC, BE'S PROP REVISION (R) 30 OCT 02

COLGAN AIR 		COLGAN AIR, INC.	
BE-1900 PILOT TRAINING LOFT SCENARIO FORM			
ID NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME
99674	Krohn	Scott	A.
CATEGORY OF TRAINING			
<input type="checkbox"/> CAPTAIN		<input checked="" type="checkbox"/> FIRST OFFICER	
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> TRANSITION	<input type="checkbox"/> UPGRADE	<input type="checkbox"/> RECURRENT
<input type="checkbox"/> RE-QUALIFICATION			
	SEGMENT 1	SEGMENT 2	
DATE	8/17	8/17	
A/C REG. NO. or SIM NO./LEVEL	278/c	278/c	
FLIGHT TIME/INSTRUCTION TIME	1.0	1.0	
FLIGHT TIME TO DATE (FP/NFP)	00/1.5	1.0/0.0	
FSI INSTRUCTOR - ID/INITIALS	9327/PW	9327/PW	
STUDENT - ID/INITIALS			
	NORMAL	ABNORMAL	
PREFLIGHT			
COCKPIT PRE-FLIGHT	/	/	
USE OF CHECKLIST	/	/	
BRIEFINGS	/	/	
NORMAL ENGINE STARTS	/	/	
ABNORMAL ENGINE STARTS	/		
TAXING			
TAKE-OFFS			
VISUAL	/	/	
INSTRUMENT (1/4 MILE OR LESS)			
CROSSWIND			
VI CUTS			
REJECTED			
DEPARTURE PROCEDURES			
NOISE ABATEMENT CLIMB			
AREA DEPARTURE	/	/	
EN-ROUTE CLIMB	/	/	
AREA ARRIVALS			
HOLDING			
STEEP TURNS			
APPROACHES TO STALLS			
USE OF ANTI-ICE EQUIPMENT	/		
APPROACHES			
VISUAL & CONTACT APPROACHES			
ILS (ILS/DME)	/	/	

09/16/2003 10:56

NO. 516 011

APPROACHES (CONT'D)			
VOR (VOR/DME)			
NDB (NDB/DME)			
LOC. (BACK-COURSE) & LOC/DME			
SDP & ASR			
ENGINE INOPERATIVE (ILS)		1	
LDA (LDA/DME)			
MISSED APPROACH			
P/D APPROACHES			
LANDINGS			
VISUAL			
FROM PRECISION APPROACH		1	
FROM NON PRECISION APP.			
ENGINE INOPERATIVE			
REJECTED LANDINGS			
CIRCLE TO A LANDING (OTHER)			
ABNORMAL PROCEDURES			
AIR START (STARTER ASSIST)			
LANDING			
SYSTEMS (oil - fuel - Elect.)			
LANDING GEAR			
ICE PROTECT		1	
VACUUM, STATIC, CRACKED WS			
FLT IN (CING/AUTO) PILOT USE		1	
EMERGENCY PROCEDURES			
EMERGENCY AIRSPEEDS			
ENGINE FAILURE		1	
FUEL SYSTEM		1	
SMOKE & FUME ELIMINATION			
FOR. CABIN or AFT CARGO DOOR			
EMERGENCY DESCENT			
ELECTRICAL			
FLIGHT CONTROLS			
ENVIRONMENTAL SYSTEMS		1	
EMERGENCY EXIT			
HYD FAILURES			
WINDSHEAR (During T/O. After T/O & During APP) Simulator Only			
CRM		1	1
CREW COORDINATION		1	1
JUDGMENT			

I consider this trainee ready to take the flight Test in accordance with FAR 131 Appendix B. This authorization is made in accordance with the provisions of the approved advanced simulation training and the instructor and trainee meet all federal regulations.


Paul White ~~Paul White~~ 8327 8/17/01
 PSI INSTRUCTOR NAME PSI INSTRUCTOR SIGNATURE ID NUMBER DATE TRNG COMPLETE

I consider myself ready to take the flight test. Scott A. Krabe ~~Scott A. Krabe~~ 99674 8/17/01
 TRAINEE NAME TRAINEE SIGNATURE ID NUMBER DATE

GRADING INFORMATION KEY: NA=NOT APPLICABLE
 TP=TRAINED TO PROFICIENCY, S=SATISFACTORY, U=UNSATISFACTORY, W=WAIVED, D=DEMONSTRATED
 Colgan Colgan Air Manual Colgan Air 121 Manual VOL IV Training/Current Training/Training Forms/Colgan Current Training Candidates/Flight Crewmembers/Dispatch/8510 FTRM LOFT Rev9.pdf
 REVISION 121 20 OCT 03

09/16/2003 10:56

NO.516 012

		COLGAN AIR	
BEECH 1900 SERIES FLIGHT DIFFERENCES TRAINING CERTIFICATE			
EMPLOYEE ID NO. <u>99674</u>	LAST NAME <u>Knabe</u>	FIRST NAME <u>Scott</u>	MIDDLE INITIAL <u>A.</u>
CATEGORY OF TRAINING			
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> RECURRENT	<input type="checkbox"/> RE-QUALIFICATION	<input type="checkbox"/> UPGRADE
SUBJECT MODULES COVERED			
<p>IN ACCORDANCE WITH THE COLGAN AIR TRAINING PROGRAM, THE FOLLOWING MODULES ARE REQUIRED IN THIS SEGMENT OF TRAINING.</p> <p>GENERAL</p> <ul style="list-style-type: none"> A. Beech 1900 Series Differences Ground and Flight Characteristics B. Assigned Duties and Responsibilities C. All differences between C&D models including operation of EADI & EHSI 			
INSTRUCTOR CERTIFICATION			
<p>I have instructed the above named trainee in BEECH 1900 Series Differences in accordance with the Colgan Air Inc., Training Program. The instruction has included at least the subject areas listed above and were completed in the following hours <u>2.0</u>. I find the trainee to be knowledgeable and proficient with regard to this segment of training.</p>			
<u>Joseph L. [Signature]</u> INSTRUCTOR NAME	<u>[Signature]</u> INSTRUCTOR SIGNATURE	<u>7752</u> ID NUMBER	<u>8/15/01</u> DATE TRAINING COMPLETE
TRAINEE ACKNOWLEDGMENT			
<p>I have received the above training and consider myself knowledgeable and proficient in the subject matter described herein.</p>			
<u>Scott A. Knabe</u> TRAINEE NAME	<u>[Signature]</u> TRAINEE SIGNATURE	<u>99674</u> ID NUMBER	<u>8/15/01</u> DATE
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