



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Aviation Safety
Washington, D.C. 20594

March 17, 2016

Attachment 5 – Captain Training Records

OPERATIONAL FACTORS

CEN16MA036

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION KFXE		DATE OF CHECK 8/6/15	
NAME OF AIRMAN (last, first, middle initial) CHAVEZ MOSQUERA, Oscar Andres				TYPE OF CHECK FAR 135.293 <input type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input checked="" type="checkbox"/>			
PILOT CERTIFICATION INFORMATION: Grade ATP Number [REDACTED]		MEDICAL INFORMATION: Date of Exam. 6/23/15 Date of Birth [REDACTED] Class First		EMPLOYED BY (EXFAS9LK) ExecuFlight INC Fort Lauderdale FL			
NAME OF CHECK AIRMAN Richard Ruvido		SIG. OF CHECK AIRMAN [REDACTED]		TYPE AIRPLANE (Make/Model) HS125 700 N880RG		Simulator/Training Device (Make/Model)	
FLIGHT TIME .8				FLIGHT MANEUVERS GRADE (S--Satisfactory U--Unsatisfactory)			
PILOT [REDACTED]				Air-craft		Simu-lator	
PREFLIGHT				HELICOPTER			
1. Equipment Examination (Oral or written) S				1. Ground and/or Air Taxi			
2. Preflight Inspection S				2. Hovering Maneuvers			
3. Taxiing S				3. Normal & Crosswind T.O. & Landings			
4. Powerplant Checks S				4. High Altitude Takeoffs & Landings			
TAKEOFFS				5. Sim. Engine Failure			
5. Normal S				6. Confined Areas, Slopes, & Pinnacles			
6. Instrument S				7. Rapid Deceleration (Quick Stops)			
7. Crosswind S				8. Autorotations (Single Engine)			
8. With Simulated Powerplant Failure S				9. Hovering Autorotations (Single Engine)			
9. Rejected Takeoff S				10. Tail Rotor Failures (Oral)			
INFLIGHT MANEUVERS				11. Settling With Power (Oral or Flight)			
10. Steep Turns				SEAPLANE OPERATIONS			
11. Approaches to Stalls				1. Taxiing, Sailing, Docking			
12. Specific Flight Characteristics NA				2. Step Taxi & Turns			
13. Powerplant Failure NA				3. Glassy/Rough Water T.O./Landings			
LANDINGS				4. Normal Takeoff & Landings			
14. Normal S				5. Crosswind T.O. & Landings			
15. From an ILS S				OTHER			
16. Crosswind S				6. Ski Plane Ops. (when applicable)			
17. With Simulated Powerplant(s) Failure S				GENERAL			
18. Rejected Landing S				7. Judgment S			
19. From Circling Approach S				8. Crew Coordination S			
EMERGENCIES				AIRMAN COMPETENCY INFORMATION:			
20. Normal and Abnormal Procedures NA				Demonstrated Current Knowledge FAR 135.293(a)			
21. Emergency Procedures NA				Make/Model Expires (12 months) ()			
INSTRUMENT PROCEDURES				Demonstrated Competency FAR 135.293(b)			
22. Area Departure S				Make/Model Expires (12 months) ()			
23. Holding S				Satisfactorily Demonstrated Line Checks			
24. Area Arrival S				FAR 135.299 Expires (12 months) (8/2016)			
25. ILS Approaches S				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			
Other (Specify)				Initial 299 check Oscar Chavez			
27. Circling Approaches				HS125, 339 observations for Richard Ruvido			
28. Missed Approaches							
29. Comm./Nav. Procedures							
30. Use of Auto. Pilot							
RESULT OF CHECK <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved				CHECK AIRMAN'S PERFORMANCE (FAA Only) <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
REGION Southern		DISTRICT OFFICE SO-15		FAA INSPECTOR'S SIGNATURE [REDACTED]			

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION MIA	DATE OF CHECK 6/26/2015	
NAME OF AIRMAN (last, first, middle initial) CHAVEZ MOSQUERA, OSCAR ANDRÉS				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input type="checkbox"/>		
COT CERTIFICATION INFORMATION: Grade ATP		MEDICAL INFORMATION: Date of Exam. 6-2015		Date of Birth [REDACTED] Class		
EMPLOYED BY (EXFA) EXECUFLIGHT INC.		BASED AT (City, State) FT LAUDERDALE FL		TYPE AIRPLANE (Make/Model)		
NAME OF CHECK AIRMAN		SIG. OF CHECK AIRMAN		Simulator/Training Device (Make/Model)		
				FLIGHT TIME		
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 Manuevers		
3. Taxiing				3. Normal & Crosswind T.O. & Landings		
4. Powerplant Checks				4. High Altitude Takeoffs & Landings		
TAKEOFFS				5. Sim. Engine Failure		
5. Normal				6. Confined Areas, Slopes, & Pinnacles		
6. Instrument				7. Rapid Deceleration (Quick Stops)		
7. Crosswind				8. Autorotations (Single Engine)		
8. With Simulated Powerplant Failure				9. Hovering Autorotations (Single Engine)		
9. Rejected Takeoff				10. Tail Rotor Failures (Oral)		
INFLIGHT MANEUVERS				11. Settling With Power (Oral or Flight)		
10. Steep Turns				SEAPLANE OPERATIONS		
11. Approaches to Stalls				1. Taxiing, Sailing, Docking		
Specific Flight Characteristics				2. Step Taxi & Turns		
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) (6-2016)		
INSTRUMENT PROCEDURES				Demonstrated Competency FAR 135.293(b)		
22. Area Departure				Make/Model Expires (12 months) ()		
23. Holding				Satisfactorily Demonstrated Line Checks		
24. Area Arrival				FAR 135.299 Expires (12 months) ()		
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		
Other (Specify)				FAR 135.293 @ I 3-8 ONLY		
27. Circling Approaches						
28. Missed Approaches						
29. Comm./Nav. Procedures						
30. Use of Auto. Pilot						
RESULT OF CHECK		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		CHECK AIRMAN'S PERFORMANCE (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
REGION SO		DISTRICT OFFICE SO FL FSDO-19		FAA INSPECTOR'S SIGNATURE [REDACTED]		

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION <i>MIA</i>	DATE OF CHECK <i>6/26/2015</i>	
NAME OF AIRMAN (last, first, middle initial) <i>CHAVEZ MOSQUERA, OSCAR</i> <i>ANDRES</i>				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input type="checkbox"/>		
CERIFICATION INFORMATION: OT	Grade <i>ATP</i>	MEDICAL INFORMATION: Date of Exam. <i>6-2015</i>				
	Number	Date of Birth [REDACTED] Class				
EMPLOYED BY (<i>EXFA</i>) <i>EXECUFLIGHT INC.</i>		BASED AT (City, State) <i>FT LAUDERDALE FL</i>		TYPE AIRPLANE (Make/Model) _____		
NAME OF CHECK AIRMAN _____		SIG. OF CHECK AIRMAN _____		Simulator/Training Device (Make/Model) _____		
				FLIGHT TIME _____		
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		
11. Approaches to Stalls				1. Taxiing, Sailing, Docking		
Specific Flight Characteristics				2. Step Taxi & Turns		
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) (<i>6-2016</i>)		
INSTRUMENT PROCEDURES				Demonstrated Competency FAR 135.293(b)		
22. Area Departure				Make/Model Expires (12 months) ()		
23. Holding				Satisfactorily Demonstrated Line Checks		
24. Area Arrival				FAR 135.299 Expires (12 months) ()		
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		
Other (Specify)				<i>FAR 135.293 @ I & 3-8 ONLY</i>		
27. Circling Approaches						
28. Missed Approaches						
29. Comm./Nav. Procedures						
30. Use of Auto. Pilot						
RESULT OF CHECK		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		CHECK AIRMAN'S PERFORMANCE (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
REGION <i>SO</i>		DISTRICT OFFICE <i>SO FL FSDO-19</i>		FAA INSPECTOR'S SIGNATURE <i>[Signature]</i>		



RECORD OF TRAINING COMPLIATION CERTIFICATE

Name: <u>Oscar Chavez</u>		Duty Position: PIC: <input checked="" type="checkbox"/> SIC: <input type="checkbox"/>	
Aircraft: <u>HS125</u>		Base Month: <u>6/2015</u>	
Training Received: Check One		Eligibility: Conducted During:	
<input checked="" type="checkbox"/> Initial 32Hrs	<input type="checkbox"/> Recurrent 16 Hours	Pre Month: <input type="checkbox"/>	
<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transition	Due Month: <input checked="" type="checkbox"/> <u>June</u>	
<input type="checkbox"/> Requalification	<input type="checkbox"/> Instructor/ Check Airman	Post Month: <input type="checkbox"/>	

Curriculum Segments	Instructor Name	Date Completed
Basic Indoctrination Ops 15 Completed	<u>R. Ruvido</u>	<u>6/25/15</u>
General Emergency		
Situation and Drill <input checked="" type="checkbox"/> 12 mo.	<u>R. Ruvido</u>	<u>6/24 - 6/25</u>
Hands-on <input checked="" type="checkbox"/> 24 mo.	<u>R. Ruvido</u>	<u>6/23/15</u>
Twelve Five Certification	<u>R. Ruvido</u>	<u>6/24/15</u>
Hazardous Materials	<u>R. Ruvido</u>	<u>6/24/15</u>
Special	NA	
Aircraft Ground	NA	
Flight	NA	
Qualification	NA	
Instructor/ Check Airman Ground	NA	
Instructor/ Check Airman Flight	NA	<u>[Redacted]</u>

USE REVERSE SIDE FOR COMMENTS:

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

6/25/15
Date

[Redacted Signature]
Signature

CP
Title



BASIC INDOCTRINATION GROUND TRAINING

1.6 Operator Specific Training

- A. Duties and Responsibilities
 - a) Organization and Management Structure
 - b) Operational Control Procedures, Policies and Kind of Operation (As per FAA Notice N 8000.347)
 - c) Company Forms, Records, and Record Keeping
 - d) Employee Standards and Rules
 - e) Employee Compensation, Benefits, and Contracts
 - f) Authority and Responsibilities of Duty Positions
 - g) Company Manual Organization, Revisions, and Employee Responsibilities Concerning Manuals
- B. Federal Aviation Regulations and Requirements
 - h) Flight Crewmember Certification, Training, and Qualification Requirements
 - i) Medical Certificates, Physical Examinations, and Fitness for Duty Requirements
 - j) Flight Control Requirements, Flight Locating Requirements, etc.
 - k) Flight Time, Duty Time, and Rest Requirements
 - l) Record Keeping Requirements
 - m) Operational Regulations FAR 91-135 and any other applicable Regulations
 - n) Regulatory Requirements for Company Manuals
 - o) Other Appropriate Regulations
 - p) Regulatory Basis, FAR 135
 - q) Definitions, Description, and Organization of Operations Specifications
 - r) Limitations and Authorizations of Operations Specifications
 - s) Description Certificate
 - t) Description of FAA Certificate Holding District Office & Responsibilities of FAA Principle Inspectors

1.7 Airmen Specific Training

- A. Company Flight Control
 - a) Flight Locating Procedures/ Dispatch
 - b) Organization, Duties, Responsibilities
 - c) Weather and NOTAM Information
- B. Weight and Balance
 - d) Definitions
 - e) Loading Procedures/ CG Computation
 - f) Effects of Fuel Burn/ Load Shifts
 - g) Weight and Balance Forms/ Load Manifests
- C. Aircraft Performance/ Airport Analysis
 - h) Definitions
 - i) Effects of Temperature/ Pressure Altitude
 - j) TERPS Criteria
 - k) Airport Analysis System
 - l) Effects of Contaminated Runways
- D. Meteorology
 - m) Basic Weather Definitions
 - n) Temperature, Pressure, and Winds
 - o) Atmosphere, Moisture, and Clouds
 - p) Air Masses and Fronts
 - q) Thunderstorms, Icing, and Windshear

CERTIFICATION

Print Name <u>Oscar Chavez</u>	Initial	Hours Required <u>32</u>	Hours Completed <u>32</u>
Completion Date <u>6/25/15</u>	Recurrent	16	
This is to certify that the above named individual has satisfactorily completed the training on the appropriate subject as listed above.	This is to certify that I have received the training on the appropriate subject as listed above.		
Instructor <u>[Redacted]</u>	Student <u>[Redacted]</u>		
Date Signed <u>6/25/15</u>	Date Signed <u>6/25/15</u>		

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INDIVIDUAL STUDENT ATTENDANCE RECORD

Recurrent

32

New Hire Initial

Day	Date	Course Name	Hours	Student Print Name	Student Signature	Instructor/ Check Airman
1	6/22	INDOC	8	Oscar Chavez	[Redacted Signature]	[Redacted Name]
2	6/23	INDOC HAZMAT	8	Oscar Chavez	[Redacted Signature]	[Redacted Name]
3	6/24	12500 Security General Emergency	8	Oscar Chavez	[Redacted Signature]	[Redacted Name]
4	6/25	General Emergency INDOC	8	Oscar Chavez	[Redacted Signature]	[Redacted Name]
5						
6						

CLASS ROOM GROUND TRAINING ATTENDANCE RECORD

Subject: INDOC Date: 6/22/15

6/22
6/23
6/24
6/25

Student Print Name	Student Signature	Start Time UTC	End Time UTC
Oscar Chavez	[Redacted Signature]	13:00	21:00
Oscar Chavez	[Redacted Signature]	13:00	21:00
Oscar Chavez	[Redacted Signature]	13:00	21:00
Oscar Chavez	[Redacted Signature]	13:00	21:00

Use Reverse Side For Additional Comments.

I certify the above Student have attended this training event.

Date: 6/25/15 Signature: [Redacted Signature] Title: CP



HAZARDOUS MATERIALS CERTIFICATE OF TRAINING

All ExecuFlight crewmembers and ground personnel who are concerned with, or have any duty or responsibility for accepting, handling, or loading of air cargo and passenger baggage, shall have been given Hazardous Materials Training. Recurrent training shall be given at least every 12 calendar months.

HAZARDOUS MATERIALS TRAINING CURRICULUM (PER FAR 135.333)

THIS COMPANY IS NOT AUTHORIZED TO ACCEPT, STORE, OR CARRY ANY HAZARDOUS MATERIALS.

- A. Proper shipper certification, packaging, marking, labeling, and documentation for hazardous material.
- B. HAZMAT exceptions.
- C. Required Reports of Hazardous Materials Incidents and/ or deficiencies.
- D. Emergency Procedures involving HAZMAT.
- E. The compatibility, loading, storage, and handling characteristics of hazardous materials.

CERTIFICATION

	MIN Hrs.	TOTAL Hrs.
Student Name <u>Oscar Chavez</u> Initial <u>8</u>	<u>8</u>	<u>8</u>
Recurrent <u>4</u>	<u>4</u>	<u> </u>
Start Date <u>6/23/15</u>	Completion Date <u>6/23/15</u>	

INSTRUCTOR

This is to certify that the above named has completed the training in the appropriate subjects listed above.

Richard Ruvido

Instructor Name

[Signature]
Signature/ Date

6/23/15

STUDENT

This is to certify that I have received the training on the appropriate subjects as listed above.

Oscar Andres Chavez

Student Name

[Signature]
Signature/ Date

6/23/15



FLIGHT CREWMEMBER - GENERAL EMERGENCY TRAINING AREAS

EMERGENCY SITUATION TRAINING

Company Training Program provides emergency training under this section for each aircraft type, model and configuration, each crewmember and each kind of operation conducted as appropriate for each crewmember and the Company.

- A. Flight Crewmember Duties and Responsibilities
 Captain's Emergency Authority
 Accident/ Incident Reporting Procedure
 Crewmember Emergency Duty Assignments
 Ground Agency Notification (FAA, Airport Authority)

- B. Aircraft Fires
 Principles of Combustion and Classes of Fires
 Toxic Fumes and Chemical Hazards
 Use of Appropriate Hand Held Extinguishers

- C. Illness, Injury, and Basic First Aid
 Principles of CPR
 Seeking Medical Advice
 Heart Attack, Pregnancy, and Special Situations

- D. Ground Evacuation
 Aircraft Configuration
 Blocked or Jammed Exit Procedures
 Fuel Spills or Other Ground Hazards
 Handicapped or Disabled Persons

EMERGENCY DRILL TRAINING

Each Crewmember must perform the following emergency drills, using the proper emergency equipment and procedures, unless an Administrator finds that for a particular drill crewmember can be adequately trained by a demonstration.

- A. Hand Held Fire Extinguishers
 Inspection Tags, Date, Charge Levels
 Removal and Stowage of Extinguishers
 Actual Discharge of each Type of Extinguisher
 Maintenance Procedures and MEL

- B. Emergency Exits
 Actual Operation EXITs, Normal & Emergency

C DITCHING EQUIPMENT

ACTUAL DONNING , USE AND INFLATION OF LIFE PRESERVER

CERTIFICATION			
Print Name Student <u>Oscar Chavez</u>		Hours Required	Hours Completed
	Initial	8	<input checked="" type="checkbox"/>
Completion Date <u>6/24/15</u>	Recurrent	4	<input type="checkbox"/>
This is to certify that the above named individual has satisfactorily completed the training on the appropriate subject as listed above. Instructor <u>[Redacted]</u> Date Signed <u>6/24/15</u>	This is to certify that I have received the training on the appropriate subject as listed above. Student <u>Oscar Andres Chavez</u> Date Signed <u>6/24/15</u>		



Record of Simulator Checks (STI 8410)

NAME: Oscar Chavez
COMPANY: ExecuFlight, Inc.
CATEGORY: INHA

COURSE#: H7IA-20150519
RES#: 8369097
CERT CODE: EXFA

TYPE OF CHECK: <input checked="" type="checkbox"/> PIC 135.293 & 297 <input type="checkbox"/> PIC 135.297(only) <input type="checkbox"/> SIC 135.293								
Ground Operations	Sim 1	T*	Sim 2		Instrument Procedures	Sim 1	T*	Sim 2
Preflight (Interior)	S				Departure	S		
Preflight Exterior	S				Arrival (FMS)	S		
Start Procedures	S				Holding	S		
Taxiing	S				ILS Approach (1800 RVR)	Sim 1	T*	Sim 2
Pre-Takeoff Checks	S				Normal ILS	S		
Takeoffs	Sim 1	T*	Sim 2	Simulator Type: HS-125-700	Engine-Out ILS	S		
Normal	S				Autopilot ILS	S		
Crosswind	S				Raw Data (If Required)	NA		
Instrument RVR (1200)	S				Nonprecision Approach	Sim 1	T*	Sim 2
With Engine Failure	S				VOR (Without Vertical Guidance)	S		
Rejected	S				GPS (Without Vertical Guidance)	S		
In-Flight Maneuvers	Sim 1	T*	Sim 2	Simulator Level: C	Circling	S		
Steep Turns	S				GPS (If Required)	S		
Stall – Takeoff	S				Missed Approach	Sim 1	T*	Sim 2
Stall – Clean	S				From an ILS	S		
Stall – Landing	S				Engine Out	S		
Engine Failure /Shutdown	S				Second Missed Approach	S		
Engine Restart	S				General	Sim 1	T*	Sim 2
Unusual Attitudes	S				Abnormal Procedures	S		
Specific Flt. Characteristics	NA				Emergency Procedures	S		
Landings	Sim 1	T*	Sim 2		Com / Nav Procedures	S		
Normal	S				Use of Autopilot	S		
Crosswind	S				Autopilot in Lieu of Required SIC	NA		
From an ILS	S				Judgment	S		
From a Circle	S				CRM	S		
Rejected	S				PIC Performance as SIC	S		
No-Flap	S				Adherence to Checklist	S		
1-Engine Out	S				Adherence to Maneuver/SOP	S		
2-Engines Out (If Required)	NA				Right Seat Takeoff/Landing	NA		
CHECK RESULTS			S/U	DATE	CHECK AIRMAN NAME AND SIGNATURE			
Oral 293(a)(1)								
Oral Base Aircraft <input checked="" type="checkbox"/> 293(a)(2) <input checked="" type="checkbox"/> 297			S	06/01/2015	Electronically signed by: Barrie Hyde Springer			
Oral 293(a)(2) Variant-Model:								
Oral 293(a)(3) Wt. & Balance			S	06/01/2015	Electronically signed by: Barrie Hyde Springer			
Oral 293(a)(4 -8) Gen Subjects								
Sim Check 1 <input checked="" type="checkbox"/> 293(b) <input checked="" type="checkbox"/> 297(c)			S	06/01/2015	Electronically signed by: Barrie Hyde Springer			
Sim Check 2 <input type="checkbox"/> 293(b) <input type="checkbox"/> 297(c)								
Total Sim Check 1 & 2 Pilot Flying Time:				2.3	Base Month: _____ **		Expires**	
FAA ONLY								
Meets requirements of 135.339 & 340 (a)(2) <input type="checkbox"/> Sat <input type="checkbox"/> Unsat								
TCE Observation <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Certification Authority								
REGION			DISTRICT OFFICE					
FAA INSPECTOR'S NAME AND SIGNATURE								

REMARKS: T* - Training to proficiency required
 ** - To be entered by certificate holder

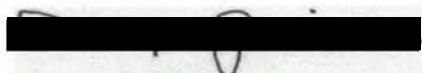
RECORD OF TRAINING / CHECKING

Oscar Chavez
ExecuFlight, Inc.
ExecuFlight, Inc., EXFA
Part 135 INHA Training Program
Hawker 700

Training Start Date: 19 May 2015 / **Reservation #:** 8369097

Ground School:	Hours	48.00
Flight Simulator		
Pilot Flying:	Hours	12.3
Pilot Monitoring:	Hours	12.0
Total:	Hours	24.3
Total Instrument:	Hours	11.5
Total Day Takeoff/Landings:		2/2
Total Night Takeoff/Landings:		18/18
ILS Approaches:		13
Non-Precision Approaches:		15
Circle:		4
Visual:		3

- Checks and Tests Completed:
- 135.293(b)
 - 135.297
 - Oral 293(a)(3) Wt. & Balance
 - Oral Base Aircraft 293 (a)(2)
 - Oral Base Aircraft 297(c)
 - PIC Instrument Currency 61.57(d)
 - PIC Proficiency 61.58/61.56


Dwayne Garrison
Head of Training

06/01/2015
Date
Version 2 – 3/19/2015

Flight Training Record

Name: Oscar Chavez

Course#: H7IA-20150519

Company: ExecuFlight, Inc.(EXFA)

Res #: 8369097

Category: INHA

Cert Code: EXFA

Grading Scale:

- D-Maneuver or Procedure Demonstrated or Discussed-Not Evaluated
- C-Not Yet Proficient-Additional Training Required
- P-Proficient-Meets PTS Standards(If Applicable)
- S-Satisfactory(checkride only)
- U-Unsatisfactory(checkride only)
- T-Retrain

AC MODEL: Hawker 700

DUTY POSITION: PIC

Part 135 pilots utilized the EXFA approved SOPs, Maneuvers/Profile and Checklist for training and checking.

I have reviewed and I am able to operationally train or evaluate the use of EXFA Aircraft Checklists, SOPs, Maneuvers and Profiles and certify that these documents and procedures were used during the training or checking that I performed.

IP #	51105	1170	51105	51105	51105	50795	1356						
DATE	05/26 2015	05/27 2015	05/28 2015	05/29 2015	05/30 2015	05/31 2015	06/01 2015						
SIM SESSION #	S1	S2	S4	S5	S6	S7	S8						
Preparation	S1	S2	S4	S5	S6	S7	S8						
Preflight - Interior		P				P	S						
Preflight - Exterior		P				P	S						
Preflight - Flightdeck	P	P				P	S						
Performance Data	P	P	P	P	P	P	S						
Ground Operations	S1	S2	S4	S5	S6	S7	S8						
Start Procedures	P	P				P	S						
Taxiing	P	P				P	S						
Taxiing - Low Visibility				P									
Pretakeoff Checks	P	P				P	S						
Parking / Shutdown	P					P	S						
Take Offs	S1	S2	S4	S5	S6	S7	S8						
Normal	P					P	S						
Crosswind		P				P	S						
Engine Failure			P		P	P	S						
Rejected			P			P	S						
Rejected - Low Visibility			P			P							
Instrument - RVR 1200		P		P		P	S						
Instrument - RVR 600						P							
Instrument - RVR 500						P							

Flight Training Record

Take Offs	S1	S2	S4	S5	S6	S7	S8						
Right Seat			P										
Inflight Maneuvers	S1	S2	S4	S5	S6	S7	S8						
Normal Climb	P	P				P							
Power Control						P							
Steep Turns	P	P				P	S						
Stalls - Takeoff	P	P				P	S						
Stalls - Clean	P	P				P	S						
Stalls - Landing	P	P				P	S						
Engine Failure/Shutdown			P			P	S						
Engine Restart			P			P	S						
Unusual Attitude Recovery		P				P	S						
Normal Descent	P	P				P							
Instrument Procedures	S1	S2	S4	S5	S6	S7	S8						
RNAV Departure						P							
Departure	P	P		P		P	S						
Arrival	P	P		P		P	S						
Circling Approach		P				P	S						
Holding		P				P	S						
Procedure Turn		P				P	S						
Instrument Approaches	S1	S2	S4	S5	S6	S7	S8						
ILS- Normal			P	P		P	S						
ILS - Engine Out			P	P		P	S						
ILS - Autopilot	P		P	P		P	S						
ILS - Raw Data				P									
Nonprecision - 1 Engine Out			P	P		P							
GPS							S						
Missed Approaches	S1	S2	S4	S5	S6	S7	S8						
From an ILS			P			P	S						
ILS Engine Out						P							
From a Nonprecision Approach		P				P	S						
1 Engine Out			P			P	S						
Complete		P				P	S						
Normal						P							
Landings	S1	S2	S4	S5	S6	S7	S8						
Normal		P		P		P	S						

Flight Training Record

Landings	S1	S2	S4	S5	S6	S7	S8						
Crosswind		P		P		P	S						
1 Engine Out			P			P	S						
From an ILS	P		P	P		P	S						
From a Circling Approach		P				P	S						
From a Visual Approach						P							
No Flap Visual					P	P	S						
Rejected		P				P	S						
Crew Resource Management	S1	S2	S4	S5	S6	S7	S8						
Briefings	P	P	P	P	P	P	S						
Decision Making	P	P	P	P	P	P	S						
CRM / SRM	P	P	P	P	P	P	S						
Leadership	P	P	P	P	P	P	S						
Followership	P	P	P	P	P	P	S						
Workload Management	P	P	P	P	P	P	S						
Situational Awareness	P	P	P	P	P	P	S						
Positional Awareness	P	P	P	P	P	P	S						
Distraction Avoidance	P	P	P	P	P	P	S						
Automation Management	P	P	P	P	P	P	S						
Com/Nav Procedures	P	P	P	P	P	P	S						
Airmanship	S1	S2	S4	S5	S6	S7	S8						
Adherence to ATC	P	P	P	P	P	P	S						
Use of Autopilot	P	P	P	P	P	P	S						
Flight Director	P	P	P	P	P	P	S						
Normal Checklist Use		P											
Use of Checklist	P	P	P	P	P	P	S						
Adherence to Maneuver/SOP	P	P	P	P	P	P	S						
PIC Performance as SIC	P	P	P	P	P	P	S						
Optional Task	S1	S2	S4	S5	S6	S7	S8						
Air Hazard Avoidance					P								
Engine Failure 2nd Segment						P							
Engine Out En Route Climb						P							
Airframe Ice Accumulation			P	P									
GPWS Escape Maneuver *					P								
Emergencies and Abnormals	S1	S2	S4	S5	S6	S7	S8						
Air Conditioning / Pressurization / IAMS					P								

Flight Training Record

Emergencies and Abnormals	S1	S2	S4	S5	S6	S7	S8							
Aircraft Evacuation		P	P	P	P									
Aircraft Fires (Electrical / Cabin)		P				P								
Aircraft Fires (Engine)			P	P	P	P								
Anti-icing			P	P										
APU *						P	S							
Brakes				P		P								
Communications / Navigation		P				P								
Electrical		P			P	P	S							
Emergency Descent					P									
Engine Failure			P	P	P	P	S							
Engine Starting		P	P	P	P	P	S							
Flight Controls / Autopilot		P	P	P	P	P	S							
Flight Instrument / Flight Director		P		P	P									
FMS *			P			P								
Fuel			P	P	P	P	S							
Heavy Precipitation / Turbulence					P									
Hydraulic				P										
Landing Gear				P		P								
Oxygen					P									
Rapid Decompression					P									
Smoke Control		P	P											
Stall Warning *		P				P	S							
Thunderstorm Avoidance					P									
Windshear Escape-REQUIRED					D	D								
NonPrecision Approach - CDI / HSI Based - Group 1	S1	S2	S4	S5	S6	S7	S8							
LOC (Without Vertical Guidance)				P										
VOR (Without Vertical Guidance)		P				P	S							
VOR / DME (Without Vertical Guidance)						P								
NonPrecision Approach - GPS Based - Group 2	S1	S2	S4	S5	S6	S7	S8							
GPS (Without Vertical Guidance)		P				P	S							
NonPrecision Approach - Needle Based - Group 4	S1	S2	S4	S5	S6	S7	S8							
NDB (Without Vertical Guidance)			P											
NonPrecision Approach - Group 5	S1	S2	S4	S5	S6	S7	S8							
LOC BC (Without Vertical Guidance)					P									

Flight Training Record

ILS - Precision Approach - Group 8	S1	S2	S4	S5	S6	S7	S8						
ILS			P			P	S						
ILS / DME						P							
Customer Requirement	S1	S2	S4	S5	S6	S7	S8						
Right Seat Takeoffs/Landings			P										
Summary Task - Checking Only	S1	S2	S4	S5	S6	S7	S8						
Abnormal Procedures							S						
Emergency Procedures							S						
Second Missed Approach							S						

Flight Training Record

Name: Oscar Chavez

Course#: H7IA-20150519

Company: ExecuFlight, Inc.(EXFA)

Res #: 8369097

Category: INHA

Cert Code: EXFA

Date	IP#	From	From	PF	PM	Inst	T/O DAY	LDG Day	ILS	Non-Prec	GPS	Circle	Visual
Sim#	OCM	To	To				Night	Night					
05/26/2015	51105	KJFK		2.0	2.0	1.5	2	2	2	0	0	0	0
S1	SZNR	KJFK					0	0					
05/27/2015	1170	KJFK		2.0	2.0	1.3	0	0	0	2	1	1	0
S2	SZNR	KJFK					2	2					
05/28/2015	51105	KJFK	KFRG	2.0	2.0	1.6	0	0	3	3	0	0	1
S4	SZNR	KJFK	KFRG				4	4					
05/29/2015	51105	KLGA	KJFK	0.0	0.0	0.0	0	0	3	3	2	1	0
S5	SZNR	KLGA	KJFK				2	2					
05/30/2015	51105	KRNO	KSFO	2.0	2.0	1.7	0	0	1	3	1	0	0
S6	SZNR	KRNO	KSFO				3	3					
05/31/2015	50795	KJFK		2.0	2.0	1.8	0	0	2	2	2	1	1
S7	SZNR	KJFK					4	4					
06/01/2015	1356	KJFK		2.3	2.0	1.8	0	0	2	2	1	1	1
S8	SZNR	KLGA					3	3					
06/01/2015	1356			0.0	0.0	1.8	0	0	0	0	0	0	0
H7-OE	SZNR						0	0					

Instructor Name (TCE / Check Airman) and #	SIGNOFF
Barrie Hyde Springer - 1356	PIC Proficiency 61.58/61.56
Barrie Hyde Springer - 1356	PIC Instrument Currency 61.57(d)
Barrie Hyde Springer - 1356	Oral Base Aircraft 293 (a)(2)
Barrie Hyde Springer - 1356	Oral Base Aircraft 297(c)
Barrie Hyde Springer - 1356	Oral 293(a)(3) Wt. & Balance
Barrie Hyde Springer - 1356	135.293(b)
Barrie Hyde Springer - 1356	135.297

I certify that this pilot has completed ground and flight training.

Ronald Gene Huckins - [REDACTED]

05/31/2015

Digital Signature

Date

Company Name

Aircraft Model: Hawker 700
Certificate Holder: ExecuFligh
Certificate Holder Code: EXFA
Company Name: Execufight

Training Category

- Initial New Hire
- Initial New Equipment
- Transition
- Upgrade(Time in type must be verified in logbook)
- Requalification
- Recurrent
- Instrument Comp Chk (Stand alone)

Duty Position

Current Duty Position: PIC SIC
Desired Duty Position: PIC SIC
Left Training Checking
Right Training Checking

Authorization and Certified By :

Name: Richard Ruvido
Fax:
Date: 22-May-2015
Phone: [REDACTED]

Pilot Information

Pilot Name: Chavez, Oscar
Type Rating Held: HS 125
Total Time: 4400
Total Time in Type: 900
Base Month: May
Start Date: 19-May-2015

Training Document Source

Checklist Normal: Operator Manufacturer
Checklist A / E: Operator Manufacturer
SOP: Operator
Manuevers: Operator
(1200 ft.) Takeoff RVR

Other

- PIC Type Rating
- ATP
- "SIC Privileges Only" Type Rating for SIC
- Weight and Balance Oral

Note: If accomplished by CAE, the evaluation will be accomplished using only the AFM method of Weight and Balance computations

- Training Reduction Authorised
- A015 PIC Autopilot in Lieu of SIC Requirements

Remarks:

CERTIFICATE CODE: EXFA
 CERTIFICATE NAME: ExecuFlight, Inc.
 PRINT DATE: 6/1/2015
 Training Program:

AIRCRAFT: Hawker 700

C-52:

Non-precision Approaches <i>Without</i> Vertical Guidance	Non-Precision Approaches <i>With</i> Vertical Guidance	Precision Approaches Procedures
Group 1(CDI / HSI Based) <input type="checkbox"/> AZI <input type="checkbox"/> AZI / DME <input type="checkbox"/> AZI / DME / BC <input type="checkbox"/> LDA <input type="checkbox"/> LDA / DME <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> LOC / DME <input type="checkbox"/> SDF <input type="checkbox"/> TACAN <input checked="" type="checkbox"/> VOR <input checked="" type="checkbox"/> VOR / DME <input type="checkbox"/> VOR / DME / LOC	Group 6(CDI / HSI Based) <input type="checkbox"/> LDA <input type="checkbox"/> LDA PRM <input type="checkbox"/> LDA PRM DME <input type="checkbox"/> SDF <input type="checkbox"/> LOC BC	Group 8 <input checked="" type="checkbox"/> ILS <input type="checkbox"/> ILS PRM <input checked="" type="checkbox"/> ILS / DME <input type="checkbox"/> MLS
Group 2(GPS Based) <input checked="" type="checkbox"/> GPS <input type="checkbox"/> RNAV (GPS) <input type="checkbox"/> RNAV (GNSS) <input type="checkbox"/> VOR / DME / RNAV	Group 7(GPS Based) <input type="checkbox"/> RNAV (GPS) <input type="checkbox"/> RNAV (GNSS)	Group 9(GPS Based) <input type="checkbox"/> ILS / DME (FMS) <input type="checkbox"/> RNAV / ILS <input type="checkbox"/> GLS
Group 3(Controller Based) <input type="checkbox"/> ASR / SRA / SRE		Group 10(Controller Based) <input type="checkbox"/> PAR
Group 4(Needle Based) <input checked="" type="checkbox"/> NDB <input checked="" type="checkbox"/> NDB / DME		
Group 5 <input checked="" type="checkbox"/> LOC BC <input checked="" type="checkbox"/> LOC / BC / DME		

C-79: Takeoff RVR: 1200

C-73: VNAV No

Checklist Normal: Source: Revised:
 OWN-C

Checklist A/E: Source: Revised:
 OWN-C

SOP: Source: Revised:
 OWN-C

Maneuvers: Source: Revised:
 OWN-C

Autopilot in Lieu of Required Second-in-Command Approved?

Notes:
 Wt & Bal - Pilots must be checked on both AFM & company procedures for all A/C __
 Additional nonprecision approach procedures without vertical guidance: VOR/DME/LOC __

Ground Training Record

Name: Oscar Chavez

Course#: H7IA-20150519

Company: ExecuFlight, Inc.

Cert Code: EXFA

Category: INHA

Res#: 8369097

Hawker 700 Initial Added Type Rating/ATP

19 May 2015

Ground Training Completed

Air Conditioning and Pressurization - Normal / Abnormals
Air Conditioning and Pressurization - Normals
Aircraft Flight Manual
Aircraft General
APU - Normal / Abnormals
APU - Normals
Auto Flight System - Normals
Cockpit Familiarization and Use of Checklists
Communication Equipment - Normals
Electrical - Normal / Abnormals
Electrical - Normals
Emergency Equipment
Fire Protection - Normal / Abnormals
Fire Protection - Normals
Flight Controls - Normal / Abnormals
Flight Controls - Normals
Flight Instruments - Normals
Flight Planning and Performance
Flight Profiles and Maneuvers
FMS Local Area Navigation
Fuel - Normal / Abnormals
Fuel - Normals
Hydraulic - Normal / Abnormals
Hydraulics - Normals
Ice and Rain - Normal / Abnormals
Ice and Rain - Normals
Introduction and Administration
Landing Gear and Brakes - Normal / Abnormals
Landing Gear and Brakes - Normals
Lighting - Initial
Navigation Equipment - Normals
Oxygen - Normals
Performance and Limitations Review
Powerplant - Normal / Abnormals
Powerplant - Normals
Self Check #1
Self Check #2
Self Check #3
Self Check #4
Self Check #5
Self Check #6
Systems and Procedures Review
Weight and Balance

Total Hours:
48.00



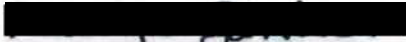
RECORD OF TRAINING / CHECKING

Oscar Chavez
ExecuFlight, Inc.
ExecuFlight, Inc., EXFA
Part 135 H8, PILOT Training Program
Hawker 700

Training Start Date: 02 Jun 2015 / **Reservation #:** 8369143

Ground School:	Hours	7.00
Flight Simulator		
Pilot Flying:	Hours	0.0
Pilot Monitoring:	Hours	0.0
Total:	Hours	0.0
 Total Instrument:	 Hours	 0.0
 Total Day Takeoff/Landings:		 0/0
Total Night Takeoff/Landings:		0/0
 ILS Approaches:		 0
Non-Precision Approaches:		0
Circle:		0
Visual:		0

Checks and Tests Completed:
800/800XP
Oral 293(a)(2) Variant-Model GRADE



Dwayne Garrison
Head of Training

06/03/2015

Date
Version 2 – 3/19/2015



Ground Training Record

Name: Oscar Chavez

Course#: H7ID-20150602

Company: ExecuFlight, Inc.

Cert Code: EXFA

Category: H8, PILOT

Res#: 8369143

Hawker 700 Initial Differences

02 Jun 2015

Ground Training Completed

Hawker 800/800XP Differences
Introduction and Administration
Systems and Procedures Review

Total Hours: 7.00

CERTIFICATE CODE: EXFA
 CERTIFICATE NAME: ExecuFlight, Inc.
 ISSUE DATE: 6/2/2015

AIRCRAFT: Hawker 700

Training Program:

C-52:

Non-precision Approaches <i>Without</i> Vertical Guidance	Non-Precision Approaches <i>With</i> Vertical Guidance	Precision Approaches Procedures
Group 1(CDI / HSI Based) <input type="checkbox"/> AZI <input type="checkbox"/> AZI / DME <input type="checkbox"/> AZI / DME / BC <input type="checkbox"/> LDA <input type="checkbox"/> LDA / DME <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> LOC / DME <input type="checkbox"/> SDF <input type="checkbox"/> TACAN <input checked="" type="checkbox"/> VOR <input checked="" type="checkbox"/> VOR / DME <input type="checkbox"/> VOR / DME / LOC	Group 6(CDI / HSI Based) <input type="checkbox"/> LDA <input type="checkbox"/> LDA PRM <input type="checkbox"/> LDA PRM DME <input type="checkbox"/> SDF <input type="checkbox"/> LOC BC	Group 8 <input checked="" type="checkbox"/> ILS <input type="checkbox"/> ILS PRM <input checked="" type="checkbox"/> ILS / DME <input type="checkbox"/> MLS
Group 2(GPS Based) <input checked="" type="checkbox"/> GPS <input type="checkbox"/> RNAV (GPS) <input type="checkbox"/> RNAV (GNSS) <input type="checkbox"/> VOR / DME / RNAV	Group 7(GPS Based) <input type="checkbox"/> RNAV (GPS) <input type="checkbox"/> RNAV (GNSS)	Group 9(GPS Based) <input type="checkbox"/> ILS / DME (FMS) <input type="checkbox"/> RNAV / ILS <input type="checkbox"/> GLS
Group 3(Controller Based) <input type="checkbox"/> ASR / SRA / SRE		Group 10(Controller Based) <input type="checkbox"/> PAR
Group 4(Needle Based) <input checked="" type="checkbox"/> NDB <input checked="" type="checkbox"/> NDB / DME		
Group 5 <input checked="" type="checkbox"/> LOC BC <input checked="" type="checkbox"/> LOC / BC / DME		

C-79: Takeoff RVR:		1200
C-73: VNAV		No
Checklist Normal:	Source:	Revised:
	OWN-C	
Checklist A/E:	Source:	Revised:
	OWN-C	
SOP:	Source:	Revised:
	OWN-C	
Maneuvers:	Source:	Revised:
	OWN-C	

Autopilot in Lieu of Required Second-in-Command Approved?

Notes:
 W. & Bal - Pilots must be checked on both AFM & company procedures for all A/C__
 Additional nonprecision approach procedures without vertical guidance: VOR/DME/LOC__

Flight Training Record

Name: Oscar Chavez

Course#: H7ID-20150602

Company: ExecuFlight, Inc.(EXFA)

Res #: 8369143

Category: H8, PILOT

Cert Code: EXFA

Date	IP#	From	From	PF	PM	Inst	T/O DAY	LDG Day	ILS	Non-Prec	GPS	Circle	Visual
Sim#	OCM	To	To				Night	Night					

Instructor Name (TCE / Check Airman) and #	SIGNOFF
Jerome Charles Tewalt - 1170	Oral 293(a)(2) Variant-Model
Jerome Charles Tewalt - 1170	Oral 293(a)(2) Variant-Model GRADE

RECEIPT /ACKNOWLEDGEMENT FORM

I Oscar A. Chavez, acknowledge receipt of printed information regarding the policies and procedures of EXECUFIGHT regarding drug and alcohol testing in compliance with Federal Aviation Administration regulations, Part 120 Subparts E & F and DOT 49CFR40. This information contains a community service hotline as well as the consequences of use of prohibited substances while performing safety-sensitive functions, the consequences of a verified positive test and the consequences of refusing to submit to a test under the rules. It also contains the entire Alcohol Testing Program (ATP) as required by the Federal Aviation Administration.

In the two years prior to the date of this document, I have:

- Yes No Had employment performing safety-sensitive transportation work covered by Department of Transportation agency drug and alcohol testing rules and have disclosed this on my employment application.
- Yes No Applied for any safety-sensitive transportation work covered by Department of Transportation agency drug and alcohol testing rules.
- Yes No Tested positive, or refused to test on a pre-employment drug or alcohol test administered by an employer to which I applied for, but did not obtain safety-sensitive transportation work covered by Department of transportation agency drug and alcohol testing rules.

DATE:

5-19-2015

SIGNATURE:

[Redacted Signature]

RECEIPT /ACKNOWLEDGEMENT FORM

In compliance with 49CFR40.25 (j)

Revised 07/01/09

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



24126632
9680430
SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. 0A500020

A. Employer Name, Address, I.D. No.

EXECUFLIGHT, INC/362
LYNN HART/BANGOR 35P
1621 S PERIMETER RD
FORT LAUDERDALE, FL 33309
[REDACTED] FAX

B. MRO Name, Address, Phone No. and Fax No.

SOLING LI DO
FLIGHTLINE DRUG TESTING
650 SW 34TH ST STE 301
FORT LAUDERDALE, FL 33315
[REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Specify Testing Authority: HHS NRC DOT - Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

X 45307M DOT DRUG PANEL W/TS

G. Collection Site Name: Flightline

Collection Site Code: _____

Address: [REDACTED]
City, State and Zip: Tallahassee, FL 32311

Collector Phone No.: [REDACTED]
Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark _____ Collection: Split Single None Provided, Enter Remark _____ Observed, (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S) RELEASED TO:

X [REDACTED]
Signature of Collector

Quest Diagnostics Courier
 FedEx
 Other

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.) 04/30/15

Time of Collection 1:41 AM/PM

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [REDACTED]
Signature of Donor

Oscar Chavez-Mosquera 04/30/15
(PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
Crew

Daytime Phone No. (786) [REDACTED]

Evening Phone No. (786) [REDACTED]

Date of Birth [REDACTED] Mo. Day Yr.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE POSITIVE for: _____

DILUTE

REFUSAL TO TEST because - check reason(s) below:

TEST CANCELLED

ADULTERATED (adulterant/reason): _____

SUBSTITUTED

OTHER _____

RECEIVED APR 30 2015

REMARKS: TA

NEGATIVE
SOLING LI, D.O.

X [REDACTED]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

05/01/15
Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

RECONFIRMED for: _____

TEST CANCELLED

FAILED TO RECONFIRM for: _____

REMARKS: _____

X [REDACTED]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Quest Diagnostics, Inc. Quest Diagnostics Incorporated. All rights reserved. 02/03/15-FED. Revised 11/13. SZK - 11112

OMB No. 0930-0158

EMPLOYEE TRAINING

The following employee(s) received training which consisted of:

The effects and consequences of drug and alcohol use on personal health, safety and work environment.

Manifestations and behavior cues that may indicate drug and alcohol use and abuse.

Date of Training: 6/22/15

Attendees:

Oscar E. Chavez

[Redacted]

[Redacted]

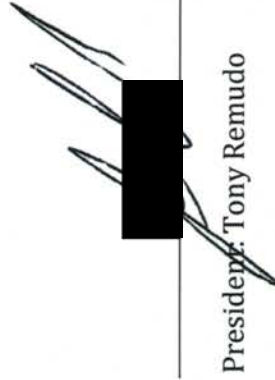
HERALPIN USA, INC.

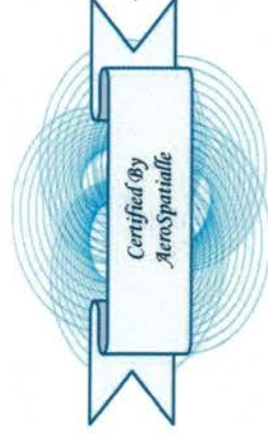
Oscar Andres Chavez

Has successfully passed the following course in accordance to FAA AC 91-85 APPENDIX 5
and FAA ORDER 8400.12C APPENDIX D

Reduced Vertical Separation Minimum (RVSM) Training Program

COMPLETED ON: JUNE 9th 2014


President: Tony Remudo



execuFlight

PILOT RECORD SUMMARY

Oscar Chavez

June 2015

NAME

ATP

HIRE DATE

3/12/1975

CERTIFICATE

HS-125

BIRTH DATE

TYPE RATINGS

FCC PERMIT

INDOCTRINATION	
COMPLETION DATE	DUE DATE
6/25/15	6/2016

HAZARDOUS MATERIAL	
COMPLETION DATE	DUE DATE
6/23/15	6/2016

GENERAL EMERGENCY	
COMPLETION DATE	DUE DATE
6/24/15	6/2016

SECURITY	
COMPLETION DATE	DUE DATE
6/24/15	6/2016

MEDICAL CERTIFICATE		
EXAM DATE	DUE DATE	F / S
6/23/15	12/2015	F

FAR 135.293 A1 (4-8) ORAL		
DATE OF CHECK	DUE DATE	By
6/26/15	6/2016	JP

FAR 135.293 B		
A/C TYPE	DATE OF CHECK	DUE DATE
HS125	6/1/2015	6/2016

FAR 135.297		
A/C TYPE	DATE OF CHECK	DUE DATE
HS125	6/1/2015	12/2015

FAR 135.299 PIC LINE CHECK		
A/C TYPE	DATE OF CHECK	DUE DATE
HS125	8/6/15	8/2016

DRUG TESTED		
Date	Results	Type NH / R
4/20/15	NEG	