

**Factual Report – Attachment 6**  
**Captain Previous Employer Records**

**OPERATIONAL FACTORS**

CEN17MA183

# D & D AVIATION

## Record of Recurrent Training

William Ramsey (name) has completed the Recurrent Training curriculum for the Learjet 35, Learjet 55 (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position:  Pilot in Command  Second in Command

	Date	Instructor	Hours
Emergency Situation Training			
Emergency Drill Training			
Aircraft Ground Training	06-10-08	D. Olszewski (CTS)	30.0
Differences Training			
Flight Training			
Testing and Checking			
Total Hours			

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor [REDACTED] Date 6-10-08

Ground Training was performed by completing the Computer Training Systems tests for ALL of the courses offered by the CTS system. Test results are on file in the Training Office.

# D & D AVIATION

## Record of Recurrent Training

William Ramsey (name) has completed the Recurrent Training curriculum for the Learjet 25 (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position:  Pilot in Command  Second in Command

	Date	Instructor	Hours
Emergency Situation Training			
Emergency Drill Training			
Aircraft Ground Training			
Differences Training	04-23-08	D. Olszewski	10.0
Flight Training			
Testing and Checking			
Total Hours			

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor [REDACTED] Date 4-23-08

Differences Ground Training performed by using the Computer Training Systems online training modules the Lear 25 Systems and Exams. Test results are on file in the Training Offices.

# D & D AVIATION

## Record of Recurrent Training

William Ramsey (name) has completed the Recurrent Training curriculum for the Learjet 35, LEARJET 55 (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position:  Pilot in Command  Second in Command

	Date	Instructor	Hours
Emergency Situation Training			
Emergency Drill Training			
Aircraft Ground Training	06-20-07	CHECKED BY [REDACTED]	30.0
Differences Training			
Flight Training			
Testing and Checking	06-20-07	CHECKED BY [REDACTED]	8.0
Total Hours			

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor [REDACTED] Date 6-20-07

Ground Training was performed by completing the Computer Training Systems tests for ALL of the courses offered by the CTS system. Test results are on file in the Training Office. [REDACTED]

# D & D AVIATION

## Record of Recurrent Training

WILLIAM RAMESY (name) has completed the Recurrent Training curriculum for the LEARJET 35 (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position:  Pilot in Command  Second in Command

	Date	Instructor	Hours
Emergency Situation Training			
Emergency Drill Training			
Aircraft Ground Training	10/3-10/5 2006	D. OLSZEWSKI	18.0
Differences Training			
Flight Training			
Testing and Checking	10/3-10/5	D. OLSZEWSKI	4.0
Total Hours			22.0

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor [REDACTED] Date 10/05/06



**Record of New Hire Training**

WILLIAM RAMSEY (name) has completed the New Hire Training curriculum for the Lear 35 (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position: [ ] Pilot In Command       Second In Command

	Date	Instructor	Hours
Basic Indoctrination	5-8 - 5-19-06	/	24.0
Aircraft Ground Training			40.0
Emergency Training			1.0
Special Subjects Training			4.0
Flight Training			1.9
Differences Training			N/A
Testing and Checking			
<b>Total Hours</b>			

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor [REDACTED] Date 22 MAY 06

**Record of Initial Aircraft Training**

WILLIAM RAMSEY (name) has completed the Initial Aircraft Training curriculum for the LR35 (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position: [ ] Pilot In Command       Second In Command

	Date	Instructor	Hours
Aircraft Ground Training	5/8-5/13/06		40.0
Differences Training			N/A
Emergency Training	5/19/06		1.0
Flight Training	5/15-5/18		1.9
Testing and Checking			
Total Hours			

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor [REDACTED] Date 22 MAY 06

**D & D AVIATION**

**Record of Recurrent Training**

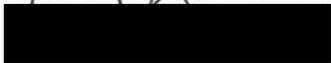
William Ramsey (name) has completed the Recurrent Training curriculum for the Learjet 25 (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position:  Pilot in Command  Second in Command

	Date	Instructor	Hours
Emergency Situation Training			
Emergency Drill Training			
Aircraft Ground Training			
Differences Training	04-23-08	D. Olszewski	10.0
Flight Training			
Testing and Checking			
Total Hours			

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor 

Date

4-23-08

Differences Ground Training performed by using the Computer Training Systems online training modules the Lear 25 Systems and Exams. Test results are on file in the Training Offices.

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION SLC-PUU-SLC		DATE OF CHECK 31 JUL 08	
NAME OF AIRMAN (last, first, middle initial) RAUSCY, WILLIAM, E				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input type="checkbox"/>			
PILOT CERTIFICATION INFORMATION: Grade ATD Number [REDACTED]		MEDICAL INFORMATION: Date of Exam. 17 Jun 08 Date of Birth [REDACTED] '63 Class 2nd		TYPE AIRPLANE (Make/Model) LR 25XR Simulator/Training Device (Make/Model) N/A			
EMPLOYED BY D&D Aviation XIKMA643F		BASED AT (City, State) SLC, UT		FLIGHT TIME 1.0			
NAME OF CHECK AIRMAN Richard A. Hopkins, Jr.		SIG. OF CHECK AIRMAN [REDACTED]		N 722EM			
FLIGHT MANEUVERS GRADE (S - Satisfactory U - Unsatisfactory)							
PILOT				HELIICOPTER			
PREFLIGHT				HELIICOPTER			
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			
12. 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				Demonstrate Current Knowledge FAR 135.293(a)			
21. Emergency Procedures				Make/Model Expires LRJET/Jun 09 (12 months) (RMA)			
INSTRUMENT PROCEDURES				Demonstrated Competency FAR 135.293(b)			
22. Area Departure				Make/Model Expires LRJET/Jun 09 (12 months) (RMA)			
23. Holding AS PUB ILS 13 PUU				Satisfactorily Demonstrated Line Checks			
24. Area Arrival				FAR 135.299 Expires N/A (12 months) ( )			
25. ILS Approaches ILS 13 PUU				Satisfactorily Demonstrated IFR Proficiency			
26. Other Instrument Approaches				FAR 135.297 Expires N/A (6 months) ( )			
Approaches: NDB/ADF				Use of Autopilot (is) (is not) Authorized.			
VOR				Expires (12 months) ( )			
ILS				REMARKS CHECKRIDE GIVEN			
Other (Specify) LOC 34R ESC				GRACE MONTH LATE.			
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 NWM		DISTRICT OFFICE SLC-FSDO		FAA INSPECTOR'S SIGNATURE			

I. UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
ii. **TEMPORARY AIRMAN CERTIFICATE**

III. CERTIFICATE NO



THIS CERTIFIES THAT IV. **WILLIAM EUGENE RAMSEY**  
V.   
**SALT LAKE CITY 84103-3915**

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	VI.
1963	69 IN	180	BROWN	GREEN	M	USA	

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

**AIRLINE TRANSPORT PILOT**

RATINGS AND LIMITATIONS

- XII. AIRPLANE MULTIENGINE LAND  
LR-JET  
COMMERICAL PRIVILEGES  
AIRPLANE SINGLE ENGINE LAND
- XIII. ENGLISH PROFICIENT

THIS IS  AN ORIGINAL ISSUANCE  A REISSUANCE OF THIS GRADE OF CERTIFICATE

DATE OF SUPERSEDED AIRMAN CERTIFICATE  
**10-20-2008**

BY DIRECTION OF THE ADMINISTRATOR

EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.

X. DATE OF ISSUANCE

X. SIGNATURE OF EXAMINER OR INSPECTOR

**2129255V6IX**

**08-25-2009**

**RAYMOND E CORPER JR**

DATE DESIGNATION EXPIRES  
**10-31-2009**

ii. **TEMPORARY AIRMAN CERTIFICATE**

**PENDING**

THIS CERTIFIES THAT IV. **Ramsey, William Eugene**

V. **Salt Lake City, UT 84103**

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	VI.
█/63	68 IN.	175	BROWN	GREEN	M	USA	

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

**AIRLINE TRANSPORT PILOT**

RATINGS AND LIMITATIONS

XII. **AIRLINE TRANSPORT PILOT AIRPLANE MULTIENGINE LAND COMMERCIAL PILOT PRIVILEGES AIRPLANE SINGLE ENGINE LAND. LR-25,LR-35LR-,55**

XIII. **LR-25,LR-35,LR-55 SIC PRIVILEGES ONLY CIRC.APCH-VMC ONLY**

THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE	DATE OF SUPERSEDED AIRMAN CERTIFICATE
	<b>02/08/2001</b>

BY DIRECTION OF THE ADMINISTRATOR

X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.
<b>20 OCT 2008</b>	<b>BERNARD CONNOLLY</b>	<b>NM-07 2561985</b>
		DATE DESIGNATION EXPIRES

**XIV. CONDITIONS OF ISSUANCE**

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void—

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or misrepresentation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

vii. AIRMAN'S SIGNATURE

Posted

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						
<b>MEDICAL CERTIFICATE <u>SECOND</u> CLASS</b>						
This certifies that (Full name and address): <b>WILLIAM EUGENE RAMSEY</b> [REDACTED] <b>SALT LAKE CITY, UT 84103</b>						
Date of Birth	Height	Weight	Hair	Eyes	Sex	
[REDACTED] 1963	68	175	BROWN	GREEN	MALE	
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.						
Limitations	Holder shall wear correcting lenses while exercising the privileges of his/her airman certificate.					
Date of Examination			Examiner's Designation No.			
06/17/2008			#01977-1			
Examiner	Signature [REDACTED]					
	Typed Name <b>SWITHIN CHANDLER, MD</b>					
AIRMAN'S SIGNATURE [REDACTED]						

MEDICAL CERTIFICATE 2ND CLASS

This certifies that (Full name and address):

William Eugene Ramsey

[REDACTED]  
Salt Lake City, UT 84103

*Rested*

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED] 1963	68"	175	Brwn	Green	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Holder shall wear correcting lenses while exercising the privileges of his/her airman certificate.

Date of Examination

06/26/2007

Examiner's Designation No.

#01977-1

Examiner

Signature

Typed Name

Swithin Chandler, M.D.

AIRMAN'S SIGNATURE

Name William RASEY

Airman Certificate No. [REDACTED]

The above has successfully completed FAR currency requirements as indicated below (initials).

- Flight Review (61.56) —
- Instrument Proficiency Check (61.57(d)) —
- PIC Check (61.58(a)) —
- PIC Competency (135.293(b)) RLC
- PIC Instrument Proficiency Check (135.297(a)) RLC

Date 08-25-2009 Simulator Type/No. LRSSA "C" #544

CFI/PPE/TCE # 2-2975 X Exp. 10-31-2009

Signed [REDACTED]

UNITED STATES OF AMERICA  
Department of Transportation  
Federal Aviation Administration

**MEDICAL CERTIFICATE FIRST CLASS**

This certifies that (Full name and address):

**WILLIAM EUGENE RAMSEY**

**SLC, UT 84103**

Date of Birth	Height	Weight	Hair	Eyes	Sex
<b>██████-63</b>	<b>69"</b>	<b>184</b>	<b>BR</b>	<b>GR</b>	<b>M</b>

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

**MUST WEAR CORRECTIVE LENSES  
FOR DISTANT VISION.**

Date of Examination

**07-15-10**

Examiner's Designation No.

**02318-10**

Examiner

Signature

Typed Name

**CARLA OLSEN, MD**

AIRMAN'S SIGNATURE





B 11 WCE  
DWS CENTRALIZED IMAGING UNIT  
P O BOX 143245  
SALT LAKE CITY UT 84114-3245

DWS-FA  
Form 228 C Rev 5/01  
24 30 78

\*

## NOTICE OF DECISION

CASE NUMBER: 00932464  
MAILING DATE: 24FEB09



WILLIAM RAMSEY

SALT LAKE CTY UT 84110-0432

### TERMINATION OF EMPLOYMENT

DEAR WILLIAM RAMSEY

WE HAVE RECEIVED INFORMATION THAT WILLIAM RAMSEY NO LONGER WORKS FOR D&D AVIATION. PLEASE HAVE THE FORMER EMPLOYER COMPLETE SECTION A. THIS FORM NEEDS TO BE RETURNED TO THE LOCAL OFFICE BY MARCH 4, 2009 BY 6:00 PM TO AVOID CASE CLOSURE.

### SECTION A

WILLIAM RAMSEY REPORTS THAT HE/SHE NO LONGER WORKS FOR YOU. PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. QUIT \_\_\_\_\_ FIRED \_\_\_\_\_ LAID OFF X LEAVE OF ABSENCE \_\_\_\_\_
2. DATE OF HIRE 05-08-06
3. LAST DAY WORKED 02-22-09
4. DATE LAST PAY RECEIVED 02-05-09
5. GROSS AMOUNT OF LAST PAYCHECK \$ 1750.00
6. TOTAL GROSS RECEIVED THIS MONTH 0
7. WAS EMPLOYEE ENROLLED IN HEALTH AND/OR DENTAL INSURANCE PLAN THROUGH YOUR COMPANY AT THE TIME OF TERMINATION YES X NO \_\_\_\_\_  
IF YES, PLEASE LIST INSURANCE CARRIER, GROUP#, POLICY# AND COBRA AMT  
Select Health Group # 61003505 Dental Select Group # 99960000

8. ANY ADDITIONAL COMMENTS: .

[Redacted Signature] Office Assist.

SIGNATURE AND TITLE

TELEPHONE NUMBER

### SECTION B

TO BE COMPLETED BY CLIENT: 1. HAVE YOU APPLIED FOR UNEMPLOYMENT COMPENSATION YES \_\_\_\_\_ NO \_\_\_\_\_

CLIENT SIGNATURE

D+D Aviation

COMPANY NAME

02-26-09

DATE

DATE

NOTICE #ALTE

IF YOU DISAGREE WITH THIS DECISION REFER TO HEARING RIGHTS ON THE BACK

STATE DEPARTMENT OF WORKFORCE SERVICES  
UNEMPLOYMENT INSURANCE  
OFFICIAL NOTICE OF CLAIM FILED



DATE MAILED: 2/24/09

D AND D AVIATION LLC  
470 N 2400 W  
SALT LAKE CITY UT 84116-2960

EFFECTIVE DATE: February 22, 2009

Employer Account No: [REDACTED]  
Employer PIN Number: [REDACTED]

CLAIMANT: WILLIAM RAMSEY AKA: N/A SSN: 554-59-1785

This person has filed for unemployment benefits and reported the reason for separation as a REDUCTION OF FORCE. This reason for separation is not disqualifying and results in an automatic charge to your unemployment tax rate. RETURN THIS FORM only if retirement, vacation or severance payments were paid or are due to this person or if this person was separated by quit or discharge. Complete this form on-line at jobs.utah.gov/ui/606 or RETURN TO: **Utah Department of Workforce Services, PO Box 45266, Salt Lake City, UT 84145-0266, Phone (801) 526-4400 or Fax (801) 526-4402. Please do not send a cover sheet.**

1. Dates of employment with your company: Begin Date 05/08/06 Last Day Worked 02/22/09

2. Rate of Pay: \$ 42,000.00 per year. Job Title Pilot

3. Did this employee receive or will he/she receive severance or vacation pay Yes [ ] No [X]

If Yes, Vacation Pay: Gross Amount \$ \_\_\_\_\_ for \_\_\_\_\_ hrs.

Severance Pay: Gross Amount \$ \_\_\_\_\_ for \_\_\_\_\_ hrs.

Date paid or to be paid \_\_\_/\_\_\_/\_\_\_

How many hours did this employee normally work each week? \_\_\_\_\_ hrs per week

4. Did this employee receive or will he/she begin receiving retirement benefits? Yes [ ] No [X]

If Yes, monthly amount \$ \_\_\_\_\_, or lump sum amount \$ \_\_\_\_\_.

Date payments start(ed) \_\_\_/\_\_\_/\_\_\_.

5. Is this employee still employed by your company? Yes [ ] No [X]

If Yes, how many hours is he/she currently working per week? \_\_\_\_\_ hrs per week

Has the number of hours per week recently been reduced? Yes [ ] No [ ]

Did this employee request a reduction in hours? Yes [ ] No [ ]

FAXED  
02-26-09  
CW

DO NOT WRITE BELOW THIS LINE



UNEMPLOYMENT INSURANCE  
OFFICIAL NOTICE OF CLAIM FILED



D AND D AVIATION LLC 170919-0 WILLIAM RAMSEY



6. Reason for job separation (Refer to instructions on page 3).

**REDUCTION OF FORCE DUE TO LACK OF WORK** (This employee will not be replaced.)

**VOLUNTARY QUIT** (Separation was initiated by the employee.)

A. What reason did the employee give for quitting? \_\_\_\_\_

B. Was the employee told he/she would be discharged if he/she did not quit? Yes [ ] No [ ]  
(If yes, please answer the questions for DISCHARGE below.)

C. Did the employee give advance notice for quitting? Yes [ ] No [ ]  
If yes, what is the date that was to be the intended last day of work (date of notice)? \_\_\_/\_\_\_/\_\_\_

Was the employee paid through the date of notice? Yes [ ] No [ ]

**DISCHARGE** (Separation was initiated by the employer).

A. What is the reason this employee was discharged? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. How did this employee know that his or her actions causing the discharge were in violation of the employer's policies, rules, standards, or expectations? Please be specific concerning the type, content, and dates of any warnings. (Attach supporting documentation if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. How was your company harmed by this employee's actions or behavior which caused the discharge? \_\_\_\_\_  
\_\_\_\_\_

Please return the completed form to the address on page one by 3/6/09

 Crystal Hopkins office Assist.  02-26-09  
Signature Printed Name Title Phone Ext. Date

DO NOT WRITE BELOW THIS LINE



\*6017012\*

UNEMPLOYMENT INSURANCE  
EMPLOYER NOTICE OF POTENTIAL LIABILITY



DATE MAILED: 2/24/09

SSN: [REDACTED]

D AND D AVIATION LLC  
470 N 2400 W  
SALT LAKE CITY UT 84116-2960

CLAIMANT: WILLIAM RAMSEY  
Employer Account No: [REDACTED]

YOUR POTENTIAL BENEFIT COSTS FOR THIS EMPLOYEE: [REDACTED]  
POTENTIAL BENEFIT COSTS FOR ALL EMPLOYERS: [REDACTED]  
BENEFITS FOR WHICH CLAIMANT IS POTENTIALLY ELIGIBLE:

Weekly Amount: [REDACTED]  
Maximum Amount: [REDACTED]

Your Reported Wages for base period of: October 01, 2007 To September 30, 2008

QTR 4/07	QTR 1/08	QTR 2/08	QTR 3/08	EMPLOYER TOTAL
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

This person has filed a claim for unemployment insurance effective **February 22, 2009**. The wages you paid this person during the base period shown above will be used to determine your potential tax liability and this person's eligibility. Wages from other employers may also be used to determine this person's eligibility. See the reverse side of this form for a brief explanation about how your annual unemployment insurance tax rate is calculated.

\*If wages are marked with \* they will not be used in the calculation of the claimant's monetary determination.

If you are a Contributory employer, you will be notified separately of the charge or non-charge decision on this claim.

**DO NOT RETURN THIS FORM UNLESS** the wages shown are incorrect, this employee has never worked for your company, or wages for the above SSN are listed under a different name on your records. Please do not protest the accuracy of the wages if the discrepancy is under \$10.00.

If the claimant was not employed by your firm, please indicate here and provide the correct employer if known: \_\_\_\_\_

If the base period earnings are incorrect, please provide the correct quarterly breakdown of wages and supporting documentation: \_\_\_\_\_

**YOUR REQUEST TO CORRECT WAGES CANNOT BE GRANTED UNLESS YOU RETURN THIS COMPLETED FORM AND SUPPORTING DOCUMENTATION NO LATER THAN 3/6/09 to:** Utah Department of Workforce Services, CO Claims, PO Box 45277, Salt Lake City, UT 84145, (801) 526-9532 or Fax (801) 526-9394. Please do not send a cover sheet.

You will receive a "Notice of Claim Filed" (Form 606) requesting information about this person's job separation. The reason for the job separation may also be used to determine your potential tax liability and this person's eligibility for benefits. Any prior tax-liability decision made by this Department concerning this job separation will continue to be in effect on this claim.

**I CERTIFY** that the information I have provided is true and correct. I understand that law provides penalties for false statements. (Section 35-4-104(1)(a) of the Utah Employment Security Act)

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE



\*6018334\*

# EMPLOYEE INFORMATION SHEET

NAME William Ramsey

ADDRESS [REDACTED]

CITY Salt Lake City STATE UT ZIP 84110

PHONE [REDACTED] CELL [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH aug 16 1963

NO. OF DEPENDENTS 2

HIRE DATE 5/30/06

POSITION Pilot - Learjet

PAY RATE 2750.<sup>00</sup>/month 33000.00/yr. 90.41/day.

DRIVER'S LICENSE NO. UT 151114340

EMERGENCY CONTACT [REDACTED]

RELATIONSHIP TO EMERGENCY CONTACT Spouse

EMERGENCY CONTACT NUMBER [REDACTED]

SIGNATURE [REDACTED]

Physical  
SLC  
84110

Mailing

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.**

## Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <b>RAMSEY</b>	First <b>William</b>	Middle Initial <b>E.</b>	Maiden Name
Address (Street Name and Number) [REDACTED]		Apt. # <b>8C</b>	Date of Birth (month/day/year) [REDACTED]
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84103</b>	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #)

Employee's Signature [REDACTED]	Date (month/day/year) <b>May 1 2006</b>
------------------------------------	--

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

## Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name <b>D &amp; D Aviation - 470 North 2400 West - Salt Lake City, UT 84116</b>	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

## Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

**dadaviation hopkins**

---

**From:** "Jim Moore" <[REDACTED]>  
**To:** "Richard Hopkins" <[REDACTED]>  
**Sent:** Tuesday, May 09, 2006 3:25 PM  
**Attach:** NEEDED PRIA INFORMATION.doc  
**Subject:** Needed Information - Ramsey

Richard;

William Ramsey didn't fill out documents to request Pilot records from Eagle Air Med. Please have him fill out the attached documents and return to us. Normally we e-mail these applicants, but William doesn't list an e-mail address.

Appreciate your help in this matter;

<b>Jim Moore</b> <i>Office Manager</i>	<b>Background Screening Services, Inc.</b> [REDACTED] Denver, CO 80212
[REDACTED]	[REDACTED]

Add me to your address book...

Want a signature like this?

# UTAH NEW HIRE REGISTRY REPORTING FORM

- > Photo Copy this Original for Future Use
- > **Important** Instructions on Reverse Side
- > PRINT Legibly in Ink, or Type All Entries
- > Please Write all Entries in CAPS
- > All Required Items **MUST** Be Completed

Submit within 20 days of new employee's first day of work to:  
**INTERNET**

Utah New Hire Registry  
P.O. Box 45247  
Salt Lake City Ut 84145-0247  
or FAX (801) 526-4391  
<http://jobs.utah.gov/newhire>

## REQUIRED EMPLOYER INFORMATION

1. Federal Employer ID Number (FEIN) [REDACTED]

2. Employer's Name D AND D AVIATION

3. Employer's Street Address 470 NORTH 2400 WEST

4. Employer's City SALT LAKE CITY

5. Employer's State UT 6. Employer's Zip Code 84116

## REQUIRED EMPLOYEE INFORMATION

7. Social Security Number (SSN): [REDACTED]

8. Employee's First Name WILLIAM

9. Employee's Middle Initial   

10. Employee's Last Name RAMSEY

11. Employee's Home Address [REDACTED]

12. Employee's City SALT LAKE CITY

13. Employee's State UT 14. Employee's Zip Code 84110

## OPTIONAL EMPLOYEE INFORMATION

15. Date of Hire (Month/Day/Year)         

16. Date of Birth (Month/Day/Year)

**D & D Aviation**  
**Open Enrollment September 2006**

**(Due Back to HR by August 21, 2006. This form is not required if staying with your current doctor panel.)**

I have read the memo regarding the insurance renewal and wish to indicate the following.

I wish to *change* my doctor panel to:

- SelectValue**
- SelectMed**
- SelectMed Plus**
- SelectCare**
- SelectCare Plus**

I understand the price may differ between plans, and I cannot change until next year's anniversary date.

I am interested in adding a spouse or dependent to my group coverage and wish to be given more information about enrolling them for September 1, 2006

I have previously waived coverage and am interested in applying for the group coverage for myself and wish to be given more information about enrolling for September 1, 2006.

I have group health insurance coverage through my spouse or parent and don't wish to participate in the medical at this time.

Printed Name: William Ramsey.

Date: Aug 25 06

Signature: 

SS #: 



D & D AVIATION

Special Request/Special Authorization/Agreement

Date: July 5, 07

Special Request to Begin & End: \_\_\_\_\_

Employee Name: William Ramsey

Supervisor Name: Tony Hopkins

Description of Request/Authorization/Agreement

Hire date May 8, 06 - starting Salary 33,000.00

Jun 1st 90 Day & Annual 10%

\$ 33,000.00 x 10% = 3,300 = \$36,300.

÷ 12 = 3,025 ÷ 2

\$1,512.50

Back pay for June raise \$275.00

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: 5 Jul 07

President Signature: \_\_\_\_\_

Date: 6 Jul 07

D & D AVIATION

Special Request/Special Authorization/Agreement

Date: NOV 5, 2007

Special Request to Begin & End: Oct 16, 2007

Employee Name: William Ramsey

Supervisor Name: Tony Hopkins

Description of Request/Authorization/Agreement

Annual Review

\$ 475.00 per month x 12 = 5,700

36,300.00 + 5,700. = 42,000

\$ 3,500.00 a month

\$ 1,750.00 per paycheck

Employee Signature: [Redacted Signature]

Date: 7 Nov 07

Supervisor Signature: [Redacted Signature]

Date: 5 Nov 07

President Signature: [Redacted Signature]

Date: 11-05-07



**MEDICAL CERTIFICATE SECOND CLASS**

This certifies that (Full name and address):

**WILLIAM EUGENE RAMSEY**

**SALT LAKE CITY, UT 84103**

Date of Birth	Height	Weight	Hair	Eyes	Sex
██████████ 963	68	175	BROWN	GREEN	MALE

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Holder shall wear correcting lenses while exercising the privileges of his/her airman certificate.

Date of Examination

06/17/2008

Examiner's Designation No.

#01977-1

Examiner

Signature

Typed Name

SWITHIN CHANDLER, MD

AIRMAN'S SIGNATURE

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WILLIAM EUGENE RAMSEY

XII RATINGS

AIRLINE TRANSPORT PILOT  
AIRPLANE MULTIENGINE LAND  
COMMERCIAL PRIVILEGES  
AIRPLANE SINGLE ENGINE LAND

XIII LIMITATIONS

IV NAME

WILLIAM EUGENE RAMSEY

V ADDRESS

WINDOW ROCK AZ 86515-4412

VI NATIONALITY

USA

IV# D.O.B.

963

SEX HEIGHT WEIGHT HAIR EYES  
M 69 170 BLOND GREEN

IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

II AIRLINE TRANSPORT PILOT

III CERTIFICATE NUMBER

X DATE OF ISSUE 8 FEB 2001

VII SIGNATURE OF HOLDER

XIV ADMINISTRATOR

UNITED STATES OF AMERICA  
Department of Transportation  
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):

WILLIAM EUGENE RAMSEY

INDIANAPOLIS, INDIANIA/USA 46224

Date of Birth	Height	Weight	Hair	Eyes	Sex
/1963	69	186	BLOND	GREEN	MALE

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

"Holder shall wear lenses that correct for distant vision while exercising the privileges of his/her airman certificate."

Date of Examination 06/23/2005  
Examiner's Designation No. 17918-1

Examiner Signature  
Typed Name JOHN C. HARRIS, M.D.

AIRMAN'S SIGNATURE

Utah DRIVER LICENSE ADULT

ADULT CLASS D

WILLIAM E RAMSEY

SALT LAKE CITY UTAH 84103

WEIGHT	165	SEX	M	EXPIRES ON BIRTHDAY	2006
HEIGHT	5	CB		BLD	NOT REQUIRED
RST	B	END	M	REPORT	N
DATE ISSUED		08/25/2001			





Cut Along This Line

Cut Along This Line



# UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION



Restricted Radiotelephone Operator  
Permit

RAMSEY, WILLIAM E

INDIANAPOLIS IN 46268

*Licensee: This is your radio authorization in sizes suitable for your wallet and for framing. Carefully cut the documents along the lines as indicated and sign immediately upon receipt. They are not valid until signed.*

*The Commission suggests that the wallet size version be laminated (or another similar document protection process) after signing. The Commission has found, under certain circumstances, laser print is subject to displacement.*

Cut Along This Line

FCC Registration Number (FRN) 0010748986

### Special Conditions/Endorsements

NONE

Grant Date	Effective Date	Print Date	Expiration Date
04-17-2004	04-17-2004	04-19-2004	
File Number	Serial Number	Date of Birth	
0001698258		1963	

THIS LICENSE IS NOT TRANSFERABLE



(Licensee's Signature)

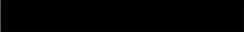
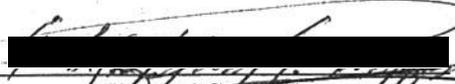
FCC 605-FRC

April 2002

Cut Along This Line

Cut Along This Line

Cut Along This Line

Serial Number RR00018548	Grant Date 04-17-2004	Expiration Date	File Number 0001698258	Print Date 04-19-2004	Effective Date 04-17-2004
Date of Birth 08-16-1963	FCC Registration Number (FRN)		THIS LICENSE IS NOT TRANSFERABLE. SPECIAL CONDITIONS/ENDORSEMENTS: NONE		
RAMSEY, WILLIAM E  INDIANAPOLIS IN 46268					
Restricted Radiotelephone Operator Permit					
FCC 605-FRC			FEDERAL COMMUNICATIONS COMMISSION		
April 2002					

HERE  
FOLD

Cut Along This Line

Cut Along This Line

ii. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT iv. WILLIAM EUGENE RAMSEY  
v. 910 E 3RD AVENUE  
SALT LAKE CITY UT 84103

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	vi.
1963	69 IN	160	BROWN	GREEN	M	USA	

ix. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of  
**AIRLINE TRANSPORT PILOT**

RATINGS AND LIMITATIONS

xii. AIRPLANE MULTIENGINE LAND; BE-400 ; LR-JET; MU-300 ;  
COMMERCIAL PILOT PRIVILEGES; AIRPLANE SINGLE ENGINE LAND;  
[LIMITATIONS]: ENGLISH PROFICIENT; MU-300 BE-400 SIC  
PRIVILEGES ONLY

xiii.

THIS IS  AN ORIGINAL ISSUANCE  A REISSUANCE OF  
THIS GRADE OF CERTIFICATE

DATE OF SUPERSEDED AIRMAN CERTIFICATE

12/16/2009

BY DIRECTION OF THE ADMINISTRATOR

EXAMINER'S DESIGNATION NO. OR  
INSPECTOR'S REG. NO.

x DATE OF ISSUANCE

xi SIGNATURE OF EXAMINER OR INSPECTOR

002367351

11/26/2014 06:45:07 PM

JAMES SUEBOD WENOCK

DATE DESIGNATION EXPIRES

IACRA E-SIGNED APPLICATION SW33

4/30/2015

**XIV. CONDITIONS OF ISSUANCE**

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

**UNITED STATES OF AMERICA** XI  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

IV NAME **WILLIAM EUGENE RAMSEY**  
 V ADDRESS [REDACTED]  
 SALT LAKE CITY UT 84103-3915

VI NATIONALITY USA  
 IVa D.O.B. [REDACTED] 1963  
 IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

SEX HEIGHT WEIGHT HAIR EYES  
 M 69 180 BROWN GREEN

II AIRLINE TRANSPORT PILOT  
 III CERTIFICATE NUMBER [REDACTED]  
 X DATE OF ISSUE 16 DEC 2009

XIV [Signature]  
 VII ADMINISTRATOR




UNITED STATES OF AMERICA  
 Department of Transportation  
 Federal Aviation Administration

**MEDICAL CERTIFICATE** SECOND CLASS

This certifies that (Full name and address):  
**WILLIAM EUGENE RAMSEY**  
 [REDACTED]  
 SALT LAKE CITY, UT 84103

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED] 1963	69"	182	BRN	GRN	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations**  
 MUST WEAR CORRECTIVE LENSES FOR FAR VISION.

Date of Examination: **06/29/2009**  
 Examiner's Designation No.: **02318-10**

**Examiner**  
 Signature: [Signature]  
 Typed Name: **CARLA OLSEN, MD**  
 AIRMAN'S SIGNATURE: [REDACTED]

FAA Form 8500-9 (9-08) Supersedes Previous Edition

WILLIAM EUGENE RAMSEY

AIRLINE TRANSPORT PILOT  
AIRPLANE MULTIENGINE LAND  
LR-JET  
COMMERCIAL PRIVILEGES  
AIRPLANE SINGLE ENGINE LAND  
ENGLISH PROFICIENT.

XII RATINGS

XIII LIMITATIONS

VI SIGNATURE  
OF HOLDER

FAA Form 11/03

**William Ramsey**

[REDACTED]

**Salt Lake City, UT 84110**

**C [REDACTED]**

**Objective**

**PILOT**

**Skills**

<b>ATP- FIRST CLASS MEDICAL</b>	
TOTAL TIME AS OF THIS DATE	5574
MULTI- TIME TURBINE PROP PIC	1813
MULTI- TIME	4419
PIC TIME	5443
CROSS COUNTRY TIME	4368
NIGHT	2370
IFR	2241

**FCC Restricted Radiotelephone Operators License-U.S. Passport-Simcom Current**

**Employment**

05/01- Present	<b>AMERICAN CHECK TRANSPORT-Watkins, CO PILOT, Mitsubishi Mu-2 Captain</b>
08/00- 05/01	<b>EAGLE AIR MED-Blanding, UT PILOT, Captain</b>
6/00-08/00	<b>PSA AIRLINES PILOT, First Officer Candidate</b>
01/00- 06/00	<b>CENTRAL AIR SOUTHWEST-Kansas City, MO PILOT, Captain</b>
11/98- 12/99	<b>ALPINE AIR-Provo, UT FLIGHT INSTRUCTOR CFI, CFII, MEI</b>
09/97- 10/98	<b>US AVIATION- Ogden, UT FLIGHT INSTRUCTOR CFI, CFII, MEI</b>
04/91-04/97	<b>U.S. ARMY NATIONAL GUARD Honorably Discharged</b>

**Education**

04/03	<b>WEBER STATE UNIVERSITY, Ogden, UT Certificated Paralegal Course</b>
03/00	<b>THOMAS EDISON STATE COLLEGE, Trenton, NJ Degree: Bachelor of Science, March 2000</b>

PILOT'S FULL NAME: **William Ramsey** DATE OF BIRTH: **[REDACTED]-63**  
 PILOT'S ADDRESS (Street): **[REDACTED]** (City): **Salt Lake City** (State/Province): **UT** (Zip/Postal Code): **84110**

**EMPLOYMENT HISTORY**

EMPLOYER	DATES EMPLOYED	OCCUPATION. If employed as a pilot, list all duties in addition to those normal for a pilot and indicate percentage of your total time spent on non pilot related duties.
Current Employer: 1. <b>D &amp; D Aviation</b>	<b>05/06-pres</b>	<b>pilot</b>
2. <b>ACT</b>	<b>05/01-05/06</b>	<b>pilot</b>
3. <b>Eagle Air Med</b>	<b>08/00-05/01</b>	<b>pilot</b>
4. <b>US Airways</b>	<b>06/00-08/00</b>	<b>pilot</b>

DRIVER'S LICENSE NO. **[REDACTED]** STATE/PROVINCE: **UT** AIRMEN'S CERTIFICATE NO. **[REDACTED]**

**CERTIFICATES/ENDORSEMENTS AND RATINGS** (\* Canadian Only)

Student:  Single Engine Land:   
 Private:  Single Engine Sea:   
 Commercial:  Seaplane:   
 • Sr. Commercial:  Multi-Engine Land:   
 Airline: (ATPI/IATR)  Multi-Engine Sea:   
 Instructor:  Center Line Thrust:   
 • Class: ..... Helicopter:   
 Instrument Rating:  Glider:   
 • Class: ..... Mechanic-Aircraft:   
 • Night:  Mechanic Powerplant:   
 Other (Specify): \_\_\_\_\_  
 Type Ratings/Endorsements (Specify): \_\_\_\_\_

**CIVILIAN - TOTAL HOURS - PILOT IN COMMAND**

AIRCRAFT	PISTON			TURBO-PROP	JET
	LAND	SEA	AMPH		
SINGLE ENG Fixed Wing	<b>1130</b>	/	/	/	/
MULTI ENG Fixed Wing	<b>2590</b>	/	/	<b>1886</b>	<b>9.7</b>
Rotary Wing	/	/	/	/	/

**MILITARY - TOTAL HOURS - PILOT IN COMMAND**

AIRCRAFT	PISTON	TURBO-PROP	JET
Fixed Wing	/	/	/
Rotary Wing	/	/	/

MEDICAL: CLASS AND DATE OF EXPIRATION **2 class 063007**

**BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL**  
 (Please specify makes and models and whether land, sea or amphibian)

LIST MAKE AND MODEL (One Make and Model per Line)	TIME AS PILOT-IN-COMMAND				TIME AS SECOND-IN-COMMAND (Co-Pilot)			
	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months	Last 5 Years	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months	Last 5 Years
<b>LR 35</b>	/	/	/	/	<b>9.7</b>	<b>9.2</b>	<b>.5</b>	<b>9.7</b>
<b>MV 2</b>	<b>31</b>	<b>63</b>	<b>492</b>	<b>1886</b>	/	/	/	/
<b>PA 350</b>	/	/	/	<b>1626</b>	/	/	/	/

APPROXIMATE NUMBER OF WATER LANDINGS AND TAKE-OFFS MADE DURING LAST 12 MONTHS: **0**

SPECIFY MAKE AND MODEL(S) ON WHICH APPROVAL IS SOUGHT AS:  
 PILOT-IN-COMMAND: \_\_\_\_\_ SECOND-IN-COMMAND: **LR35**

WHERE AND WHEN DID YOU LEARN TO FLY? (Give year, place and school or course completed)

# Pilot Qualifications Record

Pilot Name: William Ramsey

Address: [REDACTED]

City: Salt Lake City State: UT Zip: 84110

Medical:  1st Class  2nd Class Issue Date: 6/13/06

Certificates: -	Issue Date	Cert. Number
Airline Transport Pilot	<u>020801</u>	[REDACTED]
Commercial Pilot	_____	_____
Flight Instructor	_____	_____
Instrument Instructor	_____	_____
Multi Engine Instructor	_____	_____

Ratings:  Airplane  SEL  SES  
 Instrument  MEL  MES  
 Rotorcraft  Other (specify)

Classification of Pilot Flight Hours				
Type	Pilot In Command		Second In Command	
	Last 12 Months	Total To Date	Last 12 Months	Total To Date
Single Engine	/	<u>1067.4</u>	/	/
Multi Engine	<u>555</u>	<u>449.5</u>	<u>9.7</u>	<u>9.7</u>
Jet	/	/	<u>9.7</u>	<u>9.7</u>
Flight Instructor	/	/	/	/
Actual Instrument	<u>492</u>	<u>2176.1</u>	/	/
Hood Instrument	/	<u>115.9</u>	/	/
Simulator	/	<u>16.2</u>	/	/
Total Instrument	<u>492</u>	<u>2308.2</u>	/	/
Cross Country	<u>555</u>	<u>440.8</u>	<u>7.9</u>	<u>7.9</u>
Night X-C	<u>510</u>	<u>2309.1</u>	<u>2.4</u>	<u>2.4</u>
Total				

Effective Date: 06/18/92

Revision: Original



# **PILOT DUTY ASSIGNMENT**

**WILLIAM EUGENE RAMSEY**

## **AIRCRAFT TYPES**

**BE-400/400A SIC**

**11/04/2014**

## **ADDITIONAL DUTIES**



**135.63 (a) (iv)**



**MEDICAL CERTIFICATE FIRST CLASS**

This certifies that (Full name and address):

WILLIAM Eugene RAMSEY

San Jose City UT 84103 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
063	69	165	BLOND	GREEN	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Must wear corrective lenses.

Date of Examination: 05/01/2015

Examiner's Designation No.: 20339

Signature: *[Handwritten Signature]*  
 Typed Name: LETITIA ARCHULETA, MD

AIRMAN'S SIGNATURE: *[Redacted]*

Applicant ID: 1996527950 Control No.: 200006873925

Done / NOT Done  
CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

Letitia Archuleta, MD/Aviation Medicals  
6069 South Highland Drive, Suite B  
Salt Lake City, UT 84121  
(801) 272-4495  
www.medicalsatut.com

Fold Here



## Ground Training Record

Name: William Ramsey

Course#: B4IA-20141104

Company: D & D Aviation L. C.

Cert Code: IKMA

Category: INHA

### Beechjet 400 Initial Added Type Rating/ATP

04 Nov 2014

#### Ground Training Completed

AMS 5000 VNAV Module  
Air Conditioning and Pressurization - Norm Rev/Abnormals  
Air Conditioning and Pressurization - Normals  
Aircraft Flight Manual  
Aircraft General  
Applied Avionics #1  
Applied Avionics #2  
Applied Avionics #3  
Auto Flight System - Norm Rev/Abnormals  
Auto Flight System - Normals  
Cockpit Familiarization and Use of Checklists  
Communication Equipment - Norm Rev/Abnormals  
Communication Equipment - Normals  
Electrical - Norm Rev/Abnormals  
Electrical - Normals  
Emergency Equipment  
Fire Protection - Norm Rev/Abnormals  
Fire Protection - Normals  
Flight Controls - Norm Rev/Abnormals  
Flight Controls - Normals  
Flight Instruments - Norm Rev/Abnormals  
Flight Instruments - Normals  
Flight Planning and Performance  
Flight Profiles and Maneuvers  
FMS Local Area Navigation  
Fuel - Norm Rev/Abnormals  
Fuel - Normals  
Hydraulic - Norm Rev/Abnormals  
Hydraulics - Normals  
Ice and Rain - Norm Rev/Abnormals  
Ice and Rain - Normals  
Introduction and Administration  
Landing Gear and Brakes - Norm Rev/Abnormals  
Landing Gear and Brakes - Normals  
Lighting - Initial  
Navigation Equipment - Normals  
Navigation Equipment - Norm Rev/Abnormals  
Oxygen - Norm Rev/Abnormals  
Oxygen - Normals  
Performance and Limitations Review  
Powerplant - Norm Rev/Abnormals  
Powerplant - Normals  
Self Check #1  
Self Check #2

Self Check #4  
Self Check #5  
Self Check #6  
Systems and Procedures Review  
Weight and Balance

Total Hours: 48.00

## RECORD OF TRAINING / CHECKING

William Ramsey  
D & D Aviation L. C.  
D & D Aviation L. C., IKMA  
Part 135 INHA Training Program  
Beechjet 400

**Training Start Date:** 04 Nov 2014

Ground School:	Hours	48.00
Flight Simulator		
Pilot Flying:	Hours	24.5
Pilot Monitoring:	Hours	20.0
<b>Total:</b>	<b>Hours</b>	<b>44.5</b>
Total Instrument:	Hours	17.5
Total Day Takeoff/Landings:		5/5
Total Night Takeoff/Landings:		35/36
ILS Approaches:		27
Non-Precision Approaches:		21
Circle:		8
Visual:		6

### Checks and Tests Completed:

135.293(b)  
Oral 293(a)(3) Wt. & Balance  
Oral Base Aircraft 293 (a)(2)  
Oral Base Aircraft 297(c)  
SIC Training 61.55

  
\_\_\_\_\_  
Dwayne Garrison  
Head of Training

12/14/2014

\_\_\_\_\_  
Date  
Version 1 – 4/15/2013

# Flight Training Record

Name: William Ramsey

Course#: B4IA-20141104

Company: D & D Aviation L. C.(IKMA)

Cert Code: IKMA

Category: INHA

<b>Grading Scale:</b>											
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)											
AC MODEL: Beechjet 400						DUTY POSITION: PIC					
Part 135 pilots utilized the IKMA 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 IKMA Aircraft Checklists, SOPs, Maneuvers and Profiles and certify that these documents and procedures were used during the training or checking that I performed.											
IP #	84362	51338	50730	51338	51183	51898	84362	51898	51898	51898	51338
DATE	11/11 2014	11/12 2014	11/13 2014	11/14 2014	11/15 2014	11/16 2014	11/17 2014	11/19 2014	11/20 2014	11/21 2014	11/25 2014
SIM SESSION #	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Preparation	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Preflight - Interior		P				P		P	P	P	P
Preflight - Exterior			P						P		
Preflight - Flightdeck	P	P				P		P	P	P	P
Performance Data	P	P	P	P	P	P	P	P	P	P	P
Ground Operations	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Start Procedures	P	P				P	P	C	P	P	P
Taxiing	P	P				P	P	P	P	P	P
Taxiing - Low Visibility				P							
Pretakeoff Checks	P	P				P	P	P	P	P	P
Parking / Shutdown	P					P	P	P	P	P	P
Take Offs	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Normal	P					P	P				P
Crosswind		P				P	P	P	P	P	P
Engine Failure			P			P	C	P	P	P	P
Rejected			P			P	P	P	P	P	P
Rejected - Low Visibility			P				P		P		P
Instrument - RVR 600				P		P					
Instrument - RVR 500							P	P	P	P	P
Right Seat									P		

# Flight Training Record

General / Normal	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Abnormal Procedures											
Emergency Procedures											
Judgment											
Inflight Maneuvers	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Normal Climb	P	P				P	P		P	P	P
Power Control							P			P	P
Steep Turns	P	P				C	P	P		P	P
Stalls - Takeoff	C	P				P	P	P		P	P
Stalls - Clean	P	P				P	P	P		P	P
Stalls - Landing	P	P				P	P	P		P	P
Engine Failure/Shutdown			P			P	C	C	C	P	P
Engine Restart			P			P	P	P	P	P	P
Unusual Attitude Recovery		P				P	P	P		P	P
Normal Descent	P	P				P	P	P	P	P	P
Instrument Procedures	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
RNAV Departure						P	P	P	P	P	
Departure	P	P		P		P	P	P	P	P	P
Arrival	P	P		P		P		P	P	P	P
Circling Approach		P				C	P	P	C	P	P
Holding		P				P	P	P	P	P	P
Procedure Turn		P				P	P	P	C	P	P
Instrument Approaches	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
ILS - Engine Out			P	P		C	P	C	P	P	P
ILS - Autopilot	P		P	P		C	P	P	P	P	P
Nonprecision - 1 Engine Out							P				
ILS- Normal											
Missed Approaches	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
From an ILS			P						C	P	P
ILS Engine Out						C	P	C	C	P	P
From a Nonprecision Approach		P				C	P	C	P	P	P
1 Engine Out			P			C	P	C	C	P	P
Complete			P			C	P	P	P	P	P
Normal						C	P		P	P	P
Landings	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Normal		P		P			P				P

## Flight Training Record

Landings	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Crosswind		P		P		C	P	P	P	P	P
1 Engine Out			P			C	P	P	P	P	P
From an ILS	P		P	P		C	P	P	P	P	P
From a Circling Approach		P				C	P	P	C	P	P
From a Visual Approach						P	P	P	P	P	P
No Flap Visual					P	P	P	P		P	P
Rejected		P				C	P	P	C	P	P
Right Seat									P		
Crew Resource Management	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Briefings	P	P	P	P		P	C-P				P
Decision Making	P	P	P	P		P	P				P
CRM / SRM	P	P	P	P		P	P				P
Leadership	P		P	P		P	P				P
Followership	P		P	P		P	P				P
Workload Management	P	P	P	P		P	P				P
Situational Awareness	P	P	P	P		P	P				P
Positional Awareness	P	P	P	P		P	P				P
Distraction Avoidance	P		P	P		P	P				P
Automation Management	P	P	P	P		C	C		C	C	P
Com/Nav Procedures	P		P	P		C	P				P
Airmanship	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Adherence to ATC	P	P	P	P		P	C				P
Use of Autopilot	P	P	P	P		C	C-P				P
Flight Director	P	P	P	P		P	C-P				P
Adherence to Checklist	P	P	P	P		P	P				P
Adherence to Maneuver/SOP	P	P	P	P		C	C-P		C		P
Performance as PNF	P	P	P	P		P	P				
Optional Task	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Air Hazard Avoidance					P						
Airframe Ice Accumulation				P							
GPWS Escape Maneuver *					P						
VNAV					P						
Right Seat Takeoffs/Landings											
Emergencies and Abnormals	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
Air Conditioning / Pressurization / IAMS					P						

## Flight Training Record

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

## Flight Training Record

NonPrecision Approach - GPS Based - Group 7	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
RNAV (GPS) (With Vertical Guidance)							C	P	C	P	P
ILS - Precision Approach - Group 8	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
ILS			P	P		C	P	P	P	P	P
ILS / DME			P								
ILS - Precision Approach - Group 10	S1	S2	S4	S5	S6	S7	S7	S7	S7	S7	S7
PAR					P						

# Flight Training Record

Name: William Ramsey

Course#: B4IA-20141104

Company: D & D Aviation L. C.(IKMA)

Cert Code: IKMA

Category: INHA

Date	IP#	From	From	PF	PM	Inst	T/O DAY	LDG Day	ILS	Non-Prec	GPS	Circle	Visual
Sim#	OCM	To	To				Night	Night					
11/11/2014	84362	KJFK		2.0	2.0	0.0	2	2	2	0	0	0	0
S1	TE77	KJFK					0	0					
11/12/2014	51338	KJFK		2.0	2.0	1.5	0	0	0	3	1	1	0
S2	TE77	KJFK	KFRG				3	3					
11/13/2014	50730	KJFK		2.0	2.0	1.0	0	0	7	0	0	0	0
S4	TE77	KJFK					5	6					
11/14/2014	51338	KJFK		2.0	2.0	2.0	0	0	2	2	1	1	0
S5	TE77	KJFK					3	3					
11/15/2014	51183	KPHX		2.0	2.0	1.8	0	0	1	2	1	0	0
S6	TE77	KTUS					3	3					
11/16/2014	51898	KJFK		2.0	2.0	1.5	0	0	2	2	1	1	1
S7	TE77	KJFK					3	3					
11/17/2014	84362	KJFK	KJFK	2.0	2.0	1.5	3	3	2	2	1	1	1
S7	TE77	KJFK	KJFK				0	0					
11/19/2014	51898	KJFK		2.0	2.0	1.5	0	0	2	2	1	1	1
S7	TE77	KJFK					3	3					
11/20/2014	51898	KJFK		2.0	2.0	1.5	0	0	2	2	1	1	1
S7	TE77	KJFK					4	4					
11/21/2014	51898	KJFK		2.0	2.0	1.5	0	0	2	3	1	1	1
S7	TE77	KJFK					4	4					
11/25/2014	51338	KJFK		3.0	0.0	2.5	0	0	2	3	2	1	1
S7	01LJ	KJFK					4	4					
11/26/2014	51898	KJFK		1.5	0.0	1.2	0	0	3	0	0	0	0
S8	TYFM	KJFK					3	3					
<b>Instructor Name and #</b>							<b>SIGNOFF</b>						
Signed on behalf of Warnock, James - [REDACTED]							SIC Training 61.55						
							Oral Base Aircraft 293 (a)(2)						
							Oral Base Aircraft 297(c)						
							Oral 293(a)(3) Wt. & Balance						
Signed on behalf of Warnock, James - [REDACTED]							135.293(b)						

I certify that this pilot has satisfactorily completed ground and flight training and is eligible for testing in accordance with 135.293, 61.63 or 61.157.	
<b>Eugene Richard Dunn - [REDACTED]</b>	<b>11/25/2014</b>
Digital Signature	Date



# Record of Simulator Checks (STI 8410)

NAME: William Ramsey  
 COMPANY: D & D Aviation L. C.  
 CATEGORY: INHA

COURSE#: B4IA-20141104  
 CERT CODE: IKMA

TYPE OF CHECK: <input type="checkbox"/> PIC 135.293 & 297 <input type="checkbox"/> PIC 135.297(only) <input checked="" type="checkbox"/> SIC 135.293			
<b>Ground Operations</b>	Sim 1	T*	Sim 2
Preflight (Interior)	S		
Preflight Exterior	S		
Start Procedures	S		
Taxiing	S		
Pre-Takeoff Checks	S		
<b>Takeoffs</b>	Sim 1	T*	Sim 2
Normal	S		
Crosswind	S		
Instrument RVR ( 600 )	S		
With Engine Failure	S		
Rejected	NA		
<b>In-Flight Maneuvers</b>	Sim 1	T*	Sim 2
Steep Turns	NA		
Stall - Takeoff	S		
Stall - Clean	S		
Stall - Landing	S		
Engine Failure /Shutdown	S		
Engine Restart	NA		
Unusual Attitudes	S		
Specific Flt. Characteristics	NA		
<b>Landings</b>	Sim 1	T*	Sim 2
Normal	NA		
Crosswind	S		
From an ILS	S		
From a Circle	NA		
Rejected	NA		
No-Flap	NA		
1-Engine Out	S		
2-Engines Out (If Required)	NA		
<b>Simulator Type:</b>		BE-400	
<b>Simulator Level:</b>		D	
<b>Instrument Procedures</b>	Sim 1	T*	Sim 2
Departure	S		
Arrival (FMS)	S		
Holding	NA		
<b>ILS Approach (1800 RVR)</b>	Sim 1	T*	Sim 2
Normal ILS	S		
Engine-Out ILS	S		
Autopilot ILS	S		
Raw Data (If Required)	NA		
<b>Nonprecision Approach</b>	Sim 1	T*	Sim 2
	NA		
	NA		
<b>Circling</b>	NA		
GPS (If Required)	NA		
<b>Missed Approach</b>	Sim 1	T*	Sim 2
From an ILS	NA		
Engine Out	NA		
Second Missed Approach	NA		
<b>General</b>	Sim 1	T*	Sim 2
Abnormal Procedures	S		
Emergency Procedures	S		
Com / Nav Procedures	S		
Use of Autopilot	S		
Autopilot in Lieu of Required SIC	NA		
Judgment	S		
CRM	S		
PIC Performance as SIC	NA		
Adherence to Checklist	S		
Adherence to Maneuver/SOP	S		
Right Seat Takeoff/Landing	S		
<b>CHECK RESULTS</b>	<b>S/U</b>	<b>DATE</b>	<b>CHECK AIRMAN NAME AND SIGNATURE</b>
Oral 293(a)(1)			
Oral Base Aircraft <input checked="" type="checkbox"/> 293(a)(2) <input checked="" type="checkbox"/> 297	S	11/26/2014	Signed on behalf of Warnock, James
Oral 293(a)(2) Variant-Model:			
Oral 293(a)(3) Wt. & Balance	S	11/26/2014	Signed on behalf of Warnock, James
Oral 293(a)(4 -8) Gen Subjects			
Sim Check 1 <input checked="" type="checkbox"/> 293(b) <input type="checkbox"/> 297(c)	S	11/26/2014	Signed on behalf of Warnock, James
Sim Check 2 <input type="checkbox"/> 293(b) <input type="checkbox"/> 297(c)			
Total Sim Check 1 & 2 Pilot Flying Time:	1.5		
<b>FAA ONLY</b>			
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	<b>REMARKS: T* - Training to proficiency required</b>	
FAA INSPECTOR'S NAME AND SIGNATURE		<b>** - To be entered by certificate holder</b>	
		SIC 293 Completed Successfully	



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

Northwest Mountain Region  
Colorado, Idaho, Montana,  
Oregon, Utah, Washington,  
Wyoming

Salt Lake City Flight Standards  
District Office  
1020 N. Fiyer Way  
Salt Lake City, UT 84116

D&D Aviation L.C.  
470 North 2400 West  
Salt Lake International Airport  
Salt Lake City, UT 84116

Richard Hopkins

I am aware that William Ramsey is enrolled in an SIC (Second in Command) training course and will have an SIC checkride and that he will no longer be enrolled in the PIC (Pilot in Command) course and will not be given a PIC checkride.

Sincerely,

[Redacted signature]

Scott Hartley  
Principal Operations Inspector  
SLC Flight Standards District Office  
Federal Aviation Administration  
8 [Redacted]

**Record of Recurrent Training**

Ramsay, W (name) has completed the Recurrent Training curriculum for the \_\_\_\_\_ (aircraft) completing the appropriate curriculum segments on the dates listed below.

Crew Position: [ ] Pilot In Command [ ] Second In Command

	Date	Instructor	Hours
Emergency Situation Training	12-04-2014		
Emergency Drill Training			
Aircraft Ground Training <i>including Fed Ops, RSM, Hazmat</i>			
Differences Training			
Flight Training			
Testing and Checking			
Total Hours			

Note: Those curriculum segments not required by the curriculum should have N/A placed after them in the date completed column. Those curriculum segments completed in another curriculum need not be repeated, but the date they were completed during the previous training must be shown above to insure that all the requirements have been satisfied.

This curriculum was completed on the following date.

Instructor [REDACTED] Date 12-4-14

NAME: Ramsey, William

Prepared on: 9/23/2015

Pilot Cert/Rating: ATP  
 Pilot Cert Number: [REDACTED]  
 Duty Location: Salt Lake City, UT  
 Org Training Date: 19-May-06  
 Training Results:  Satisfactory  Unsatisfactory

PIC  Lear  BE-400  
 VFR DAY  YES  NO  
 VFR NIGHT  YES  NO  
 IFR  YES  NO  
 SIC  Lear  BE-400

Check Airman:  YES  NO  
 Chief Pilot:  YES  NO  
 Training Pilot:  YES  NO  
 Assigned: 22-May-06  
 A/C: Beech Jet

Training, Checkrides, and Medical info	D & D Ops	RVSM	Hazmat	Int'l Ops	Lear 135.293a	Lear 135.293.b	G II-SP 135.293a	G II-SP 135.293b	135.297 Inst.	135.299 Line	Medical Date	Class
Last Completed	4-Dec-14	4-Dec-14	4-Dec-14	n/a	26-Nov-14	26-Nov-14	n/a	n/a	n/a	n/a	1-May-15	1st
Expiration Date	4-Dec-15	4-Dec-15	4-Dec-15	n/a	26-Nov-15	26-Nov-15	n/a	n/a	n/a	n/a	1-Nov-15	
Required Action												
2015	Day Hours	Night Hours		Inst. Time	Appch's	Holding	Landings (Day)	Landings (Night)	Non DD/Other	Total Hours	NOTES:	
JANUARY												
FEBRUARY												
MARCH	0.6	0.0	0.0	0.0	1	0	1	0	0.0	0.6		
<b>1st Quarter Totals</b>												
APRIL	0.0	0.0	0.0	0.0	0	0	0	0	0.0	0.0		
MAY	0.0	0.0	0.0	0.0	0	0	0	0	0.0	0.0		
JUNE	11.1	1.4		0.6	3		6	1				
<b>2nd Quarter Totals</b>												
JULY	22.2	1.7		1.6	17		15	2				
AUGUST	4.8			0.3	2		2					
SEPTEMBER												
<b>3rd Quarter Totals</b>												
OCTOBER												
NOVEMBER												
DECEMBER	0.0	0.0	0.0	0.0	0	0	0	0	0.0	0.0		
<b>4th Quarter Totals</b>												
Year to Date Totals												
Company Total	489.7	324.4		2.8	27	4	95	41		814.1		

License: Your licence here

Name: WILLIAM RAMSEY

October

Date	Day N	Daily Hours	Year Total	Day N-7	Hours N-7	Total 7 days	Day N-30	Hours N-30	24 hr Rest Period	Total 30 Days	Day N-42	Hours N-42	24 hr Rest Period	Total 42 Days	Day N-90	Hours N-90	24 hr Rest Period	Total 90 Days	Ex1 to Ex2	24 Hr Today	Cons Rest Period	24 Hr Off in 30	24 Hr Off in 42	24 hr Off in 90	On Duty (local)	Off Duty (local)	Duty Time Hours	Consec Days worked	
Previous total		→ 52.4			→ 8.3				→ 8.3				→ 8.3					→ 44.5			→ 1	28	40	78					
1	274	2.0	54.4	267	2.5	7.8	244		1	10.3	232		1	10.3	184		1	46.5			1	27	39	77	8.30	14.00	5.5	1	
2	275		54.4	268		7.8	245		1	10.3	233		1	10.3	185		1	46.5		1	1	27	39	77					
3	276		54.4	269		7.8	246		1	10.3	234		1	10.3	186		1	46.5		1	2	27	39	77					
4	277		54.4	270		7.8	247		1	10.3	235		1	10.3	187		1	46.5		1	3	27	39	77					
5	278		54.4	271		7.8	248		1	10.3	236		1	10.3	188	3.3		43.2		1	4	27	39	78					
6	279	1.0	55.4	272	5.8	3.0	249		1	11.3	237		1	11.3	189		1	44.2				26	38	77	17.00	1.00	8.0	1	
7	280		55.4	273		3.0	250		1	11.3	238		1	11.3	190	1.4		42.8		1	1	26	38	78					
8	281		55.4	274	2.0	1.0	251		1	11.3	239		1	11.3	191		1	42.8		1	2	26	38	78					
9	282		55.4	275		1.0	252		1	11.3	240		1	11.3	192	4.7		38.1		1	3	26	38	79					
10	283		55.4	276		1.0	253		1	11.3	241		1	11.3	193	3.5		34.6		1	4	26	38	80					
11	284		55.4	277		1.0	254		1	11.3	242		1	11.3	194		1	34.6		1	5	26	38	80					
12	285		55.4	278		1.0	255		1	11.3	243		1	11.3	195		1	34.6		1	6	26	38	80					
13	286	1.0	56.4	279	1.0	1.0	256		1	12.3	244		1	12.3	196	3.4		32.2				25	37	80	9.00	14.00	5.0	1	
14	287	1.4	57.8	280		2.4	257		1	13.7	245		1	13.7	197		1	33.6				24	36	79	8.00	11.00	3.0	2	
15	288		57.8	281		2.4	258		1	13.7	246		1	13.7	198	8.7		24.9		1	1	24	36	80					
16	289	5.0	62.8	282		7.4	259		1	18.7	247		1	18.7	199		1	29.9				23	35	79	3.00	11.00	8.0	1	
17	290	2.8	65.6	283		10.2	260		1	21.5	248		1	21.5	200	2.5		30.2				22	34	79	8.00	13.00	5.0	2	
18	291		65.6	284		10.2	261		1	21.5	249		1	21.5	201	2.2		28.0		1	1	22	34	80					
19	292		65.6	285		10.2	262		1	21.5	250		1	21.5	202		1	28.0		1	2	22	34	80					
20	293		65.6	286	1.0	9.2	263		1	21.5	251		1	21.5	203		1	28.0		1	3	22	34	80					
21	294		65.6	287	1.4	7.8	264		1	21.5	252		1	21.5	204		1	28.0		1	4	22	34	80					
22	295		65.6	288		7.8	265		1	21.5	253		1	21.5	205		1	28.0		1	5	22	34	80					
23	296		65.6	289	5.0	2.8	266		1	21.5	254		1	21.5	206		1	28.0		1	6	22	34	80					
24	297		65.6	290	2.8	0.0	267	2.5		19.0	255		1	21.5	207	1.7		26.3		1	7	23	34	81					
25	298		65.6	291		0.0	268		1	19.0	256		1	21.5	208		1	26.3		1	8	23	34	81					
26	299		65.6	292		0.0	269		1	19.0	257		1	21.5	209		1	26.3		1	9	23	34	81					
27	300		65.6	293		0.0	270		1	19.0	258		1	21.5	210		1	26.3		1	10	23	34	81					
28	301		65.6	294		0.0	271		1	19.0	259		1	21.5	211		1	26.3		1	11	23	34	81					
29	302		65.6	295		0.0	272	5.8		13.2	260		1	21.5	212		1	26.3		1	12	24	34	81					
30	303		65.6	296		0.0	273		1	13.2	261		1	21.5	213		1	26.3		1	13	24	34	81					
31	304		65.6	297		0.0	274	2.0		11.2	262		1	21.5	214		1	26.3		1	14	25	34	81					
Oct Total		13.2	65.6			0.0				11.2				21.5				26.3			14	25	34	81			Total:	34.5	

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### September

Date	Day N	Daily Hours	Year Total	Day N-7	Hours N-7	Total 7 days	Day N-30	Hours N-30	24 hr Rest Period	Total 30 Days	Day N-42	Hours N-42	24 hr Rest Period	Total 42 Days	Day N-90	Hours N-90	24 hr Rest Period	Total 90 Days	Ex1 to Ex2	24 Hr Today	Cons Rest Period	24 Hr Off in 30	24 Hr Off in 42	24 hr Off in 90	On Duty (local)	Off Duty (local)	Duty Time Hours	Consec Days worked
Previous total			44.1			0.0				4.8				6.5				44.1			22	29	40	78				
1	244		44.1	237		0.0	214		1	4.8	202		1	6.5	154		1	44.1		1	23	29	40	78				
2	245		44.1	238		0.0	215		1	4.8	203		1	6.5	155		1	44.1		1	24	29	40	78				
3	246		44.1	239		0.0	216		1	4.8	204		1	6.5	156		1	44.1		1	25	29	40	78				
4	247		44.1	240		0.0	217		1	4.8	205		1	6.5	157		1	44.1		1	26	29	40	78				
5	248		44.1	241		0.0	218		1	4.8	206		1	6.5	158		1	44.1		1	27	29	40	78				
6	249		44.1	242		0.0	219		1	4.8	207	1.7		4.8	159		1	44.1		1	28	29	41	78				
7	250		44.1	243		0.0	220		1	4.8	208		1	4.8	160		1	44.1		1	29	29	41	78				
8	251		44.1	244		0.0	221	4.8		0.0	209		1	4.8	161		1	44.1		1	30	30	41	78				
9	252		44.1	245		0.0	222		1	0.0	210		1	4.8	162		1	44.1		1	31	30	41	78				
10	253		44.1	246		0.0	223		1	0.0	211		1	4.8	163		1	44.1		1	32	30	41	78				
11	254		44.1	247		0.0	224		1	0.0	212		1	4.8	164		1	44.1		1	33	30	41	78				
12	255		44.1	248		0.0	225		1	0.0	213		1	4.8	165		1	44.1		1	34	30	41	78				
13	256		44.1	249		0.0	226		1	0.0	214		1	4.8	166		1	44.1		1	35	30	41	78				
14	257		44.1	250		0.0	227		1	0.0	215		1	4.8	167		1	44.1		1	36	30	41	78				
15	258		44.1	251		0.0	228		1	0.0	216		1	4.8	168		1	44.1		1	37	30	41	78				
16	259		44.1	252		0.0	229		1	0.0	217		1	4.8	169		1	44.1		1	38	30	41	78				
17	260		44.1	253		0.0	230		1	0.0	218		1	4.8	170	6.4		37.7		1	39	30	41	79				
18	261		44.1	254		0.0	231		1	0.0	219		1	4.8	171		1	37.7		1	40	30	41	79				
19	262		44.1	255		0.0	232		1	0.0	220		1	4.8	172		1	37.7		1	41	30	41	79				
20	263		44.1	256		0.0	233		1	0.0	221	4.8		0.0	173		1	37.7		1	42	30	42	79				
21	264		44.1	257		0.0	234		1	0.0	222		1	0.0	174		1	37.7		1	43	30	42	79				
22	265		44.1	258		0.0	235		1	0.0	223		1	0.0	175	1.5		36.2		1	44	30	42	80				
23	266		44.1	259		0.0	236		1	0.0	224		1	0.0	176		1	36.2		1	45	30	42	80				
24	267	2.5	46.6	260		2.5	237		1	2.5	225		1	2.5	177		1	38.7			29	41	79	21 00	1 00	4 0	1	
25	268		46.6	261		2.5	238		1	2.5	226		1	2.5	178		1	38.7		1	1	29	41	79				
26	269		46.6	262		2.5	239		1	2.5	227		1	2.5	179		1	38.7		1	2	29	41	79				
27	270		46.6	263		2.5	240		1	2.5	228		1	2.5	180		1	38.7		1	3	29	41	79				
28	271		46.6	264		2.5	241		1	2.5	229		1	2.5	181		1	38.7		1	4	29	41	79				
29	272	5.8	52.4	265		8.3	242		1	8.3	230		1	8.3	182		1	44.5			28	40	78					
30	273		52.4	266		8.3	243		1	8.3	231		1	8.3	183		1	44.5		1	1	28	40	78	4 30	12 30	8 0	1
Sep Total		8.3	52.4			8.3				8.3				8.3			44.5			1	28	40	78			Total:	12.0	

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August

Date	Day N	Daily Hours	Year Total	Day N-7	Hours N-7	Total 7 days	Day N-30	Hours N-30	24 hr Rest Period	Total 30 Days	Day N-42	Hours N-42	24 hr Rest Period	Total 42 Days	Day N-90	Hours N-90	24 hr Rest Period	Total 90 Days	Ex1 to Ex2	24 Hr Today	Cons Rest Period	24 Hr Off in 30	24 Hr Off in 42	24 hr Off in 90	On Duty (local)	Off Duty (local)	Duty Time Hours	Consec Days worked
Previous total			39.3		1.7					31.4				32.9				39.3			5	21	32	79				
1	213		39.3	206		1.7	183		1	31.4	171		1	32.9	123		1	39.3		1	6	21	32	79				
2	214		39.3	207	1.7	0.0	184		1	31.4	172		1	32.9	124		1	39.3		1	7	21	32	79				
3	215		39.3	208		0.0	185		1	31.4	173		1	32.9	125		1	39.3		1	8	21	32	79				
4	216		39.3	209		0.0	186		1	31.4	174		1	32.9	126		1	39.3		1	9	21	32	79				
5	217		39.3	210		0.0	187		1	31.4	175	1.5		31.4	127		1	39.3		1	10	21	33	79				
6	218		39.3	211		0.0	188	3.3		28.1	176		1	31.4	128		1	39.3		1	11	22	33	79				
7	219		39.3	212		0.0	189		1	28.1	177		1	31.4	129		1	39.3		1	12	22	33	79				
8	220		39.3	213		0.0	190	1.4		26.7	178		1	31.4	130		1	39.3		1	13	23	33	79				
9	221	4.8	44.1	214		4.8	191		1	31.5	179		1	36.2	131		1	44.1				22	32	78	7:00	17:00	10.0	1
10	222		44.1	215		4.8	192	4.7		26.8	180		1	36.2	132		1	44.1		1	1	23	32	78				
11	223		44.1	216		4.8	193	3.5		23.3	181		1	36.2	133		1	44.1		1	2	24	32	78				
12	224		44.1	217		4.8	194		1	23.3	182		1	36.2	134		1	44.1		1	3	24	32	78				
13	225		44.1	218		4.8	195		1	23.3	183		1	36.2	135		1	44.1		1	4	24	32	78				
14	226		44.1	219		4.8	196	3.4		19.9	184		1	36.2	136		1	44.1		1	5	25	32	78				
15	227		44.1	220		4.8	197		1	19.9	185		1	36.2	137		1	44.1		1	6	25	32	78				
16	228		44.1	221	4.8	0.0	198	8.7		11.2	186		1	36.2	138		1	44.1		1	7	26	32	78				
17	229		44.1	222		0.0	199		1	11.2	187		1	36.2	139		1	44.1		1	8	26	32	78				
18	230		44.1	223		0.0	200	2.5		8.7	188	3.3		32.9	140		1	44.1		1	9	27	33	78				
19	231		44.1	224		0.0	201	2.2		6.5	189		1	32.9	141		1	44.1		1	10	28	33	78				
20	232		44.1	225		0.0	202		1	6.5	190	1.4		31.5	142		1	44.1		1	11	28	34	78				
21	233		44.1	226		0.0	203		1	6.5	191		1	31.5	143		1	44.1		1	12	28	34	78				
22	234		44.1	227		0.0	204		1	6.5	192	4.7		26.8	144		1	44.1		1	13	28	35	78				
23	235		44.1	228		0.0	205		1	6.5	193	3.5		23.3	145		1	44.1		1	14	28	36	78				
24	236		44.1	229		0.0	206		1	6.5	194		1	23.3	146		1	44.1		1	15	28	36	78				
25	237		44.1	230		0.0	207	1.7		4.8	195		1	23.3	147		1	44.1		1	16	29	36	78				
26	238		44.1	231		0.0	208		1	4.8	196	3.4		19.9	148		1	44.1		1	17	29	37	78				
27	239		44.1	232		0.0	209		1	4.8	197		1	19.9	149		1	44.1		1	18	29	37	78				
28	240		44.1	233		0.0	210		1	4.8	198	8.7		11.2	150		1	44.1		1	19	29	38	78				
29	241		44.1	234		0.0	211		1	4.8	199		1	11.2	151		1	44.1		1	20	29	38	78				
30	242		44.1	235		0.0	212		1	4.8	200	2.5		8.7	152		1	44.1		1	21	29	39	78				
31	243		44.1	236		0.0	213		1	4.8	201	2.2		6.5	153		1	44.1		1	22	29	40	78				
Aug Total		4.8	44.1			0.0				4.8				6.5				44.1			22	29	40	78	Total:		10.0	

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July

Date	Day N	Daily Hours	Year Total	Day N-7	Hours N-7	Total 7 days	Day N-30	Hours N-30	24 hr Rest Period	Total 30 Days	Day N-42	Hours N-42	24 hr Rest Period	Total 42 Days	Day N-90	Hours N-90	24 hr Rest Period	Total 90 Days	Ex1 to Ex2	24 Hr Today	Cons Rest Period	24 Hr Off in 30	24 Hr Off in 42	24 hr Off in 90	On Duty (local)	Off Duty (local)	Duty Time Hours	Consec Days worked
Previous total			7.9			1.5				7.9				7.9				7.9			6	28	40	88				
1	182		7.9	175	1.5		152		1	7.9	140		1	7.9	92		1	7.9		1	7	28	40	88				
2	183		7.9	176			153		1	7.9	141		1	7.9	93		1	7.9		1	8	28	40	88				
3	184		7.9	177			154		1	7.9	142		1	7.9	94		1	7.9		1	9	28	40	88				
4	185		7.9	178			155		1	7.9	143		1	7.9	95		1	7.9		1	10	28	40	88				
5	186		7.9	179			156		1	7.9	144		1	7.9	96		1	7.9		1	11	28	40	88				
6	187		7.9	180			157		1	7.9	145		1	7.9	97		1	7.9		1	12	28	40	88				
7	188	3.3	11.2	181		3.3	158		1	11.2	146		1	11.2	98		1	11.2				27	39	87	5:00	12:00	7.0	1
8	189		11.2	182		3.3	159		1	11.2	147		1	11.2	99		1	11.2		1	1	27	39	87				
9	190	1.4	12.6	183		4.7	160		1	12.6	148		1	12.6	100		1	12.6				26	38	86	10:00	14:00	4.0	1
10	191		12.6	184		4.7	161		1	12.6	149		1	12.6	101		1	12.6		1	1	26	38	86				
11	192	4.7	17.3	185		9.4	162		1	17.3	150		1	17.3	102		1	17.3				25	37	85	11:30	21:00	9.5	1
12	193	3.5	20.8	186		12.9	163		1	20.8	151		1	20.8	103		1	20.8				24	36	84	12:00	19:00	7.0	2
13	194		20.8	187		12.9	164		1	20.8	152		1	20.8	104		1	20.8		1	1	24	36	84				
14	195		20.8	188	3.3	9.6	165		1	20.8	153		1	20.8	105		1	20.8		1	2	24	36	84				
15	196	3.4	24.2	189		13.0	166		1	24.2	154		1	24.2	106		1	24.2				23	35	83	4:45	17:45	13.0	1
16	197		24.2	190	1.4	11.6	167		1	24.2	155		1	24.2	107		1	24.2		1	1	23	35	83				
17	198	8.7	32.9	191		20.3	168		1	32.9	156		1	32.9	108		1	32.9				22	34	82	5:45	17:45	12.0	1
18	199		32.9	192	4.7	15.6	169		1	32.9	157		1	32.9	109		1	32.9		1	1	22	34	82				
19	200	2.5	35.4	193	3.5	14.6	170	6.4		29.0	158		1	35.4	110		1	35.4				22	33	81	5:15	10:00	4.8	1
20	201	2.2	37.6	194		16.8	171		1	31.2	159		1	37.6	111		1	37.6				21	32	80	11:45	14:45	3.0	2
21	202		37.6	195		16.8	172		1	31.2	160		1	37.6	112		1	37.6		1	1	21	32	80				
22	203		37.6	196	3.4	13.4	173		1	31.2	161		1	37.6	113		1	37.6		1	2	21	32	80				
23	204		37.6	197		13.4	174		1	31.2	162		1	37.6	114		1	37.6		1	3	21	32	80				
24	205		37.6	198	8.7	4.7	175	1.5		29.7	163		1	37.6	115		1	37.6		1	4	22	32	80				
25	206		37.6	199		4.7	176		1	29.7	164		1	37.6	116		1	37.6		1	5	22	32	80				
26	207	1.7	39.3	200	2.5	3.9	177		1	31.4	165		1	39.3	117		1	39.3				21	31	79	8:45	12:45	4.0	1
27	208		39.3	201	2.2	1.7	178		1	31.4	166		1	39.3	118		1	39.3		1	1	21	31	79				
28	209		39.3	202		1.7	179		1	31.4	167		1	39.3	119		1	39.3		1	2	21	31	79				
29	210		39.3	203		1.7	180		1	31.4	168		1	39.3	120		1	39.3		1	3	21	31	79				
30	211		39.3	204		1.7	181		1	31.4	169		1	39.3	121		1	39.3		1	4	21	31	79				
31	212		39.3	205		1.7	182		1	31.4	170	6.4		32.9	122		1	39.3		1	5	21	32	79				
Jul Total		31.4	39.3			1.7				31.4				32.9				39.3			5	21	32	79			Total:	64.3

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### June

Date	Day N	Daily Hours	Year total	Day N-7	Hours N-7	Total 7 days	Day N-30	Hours N-30	24 hr rest period	Total 30 days	Day N-42	Hours N-42	24 hr rest period	Total 42 days	Day N-90	Hours N-90	24 hr rest period	Total 90 days	Hours Ex1 to Ex2	24 Hr Today	Cons Rest Period	24 Hr off in 30	24 Hr off in 42	24 hr off in 90	on duty (local)	Off duty (local)	Duty time Hours	Consec Days work																			
Previous total																					151	30	42	90																							
1	152			145			122		1		110		1		62		1			1	152	30	42	90																							
2	153			146			123		1		111		1		63		1			1	153	30	42	90																							
3	154			147			124		1		112		1		64		1			1	154	30	42	90																							
4	155			148			125		1		113		1		65		1			1	155	30	42	90																							
5	156			149			126		1		114		1		66		1			1	156	30	42	90																							
6	157			150			127		1		115		1		67		1			1	157	30	42	90																							
7	158			151			128		1		116		1		68		1			1	158	30	42	90																							
8	159			152			129		1		117		1		69		1			1	159	30	42	90																							
9	160			153			130		1		118		1		70		1			1	160	30	42	90																							
10	161			154			131		1		119		1		71		1			1	161	30	42	90																							
11	162			155			132		1		120		1		72		1			1	162	30	42	90																							
12	163			156			133		1		121		1		73		1			1	163	30	42	90																							
13	164			157			134		1		122		1		74		1			1	164	30	42	90																							
14	165			158			135		1		123		1		75		1			1	165	30	42	90																							
15	166			159			136		1		124		1		76		1			1	166	30	42	90																							
16	167			160			137		1		125		1		77		1			1	167	30	42	90																							
17	168			161			138		1		126		1		78		1			1	168	30	42	90																							
18	169			162			139		1		127		1		79		1			1	169	30	42	90																							
19	170	6.4	6.4	163		6.4	140		1	6.4	128		1	6.4	80		1	6.4				29	41	89	15.00	1.00	10.0	1																			
20	171		6.4	164		6.4	141		1	6.4	129		1	6.4	81		1	6.4		1	1	29	41	89																							
21	172		6.4	165		6.4	142		1	6.4	130		1	6.4	82		1	6.4		1	2	29	41	89																							
22	173		6.4	166		6.4	143		1	6.4	131		1	6.4	83		1	6.4		1	3	29	41	89																							
23	174		6.4	167		6.4	144		1	6.4	132		1	6.4	84		1	6.4		1	4	29	41	89																							
24	175	1.5	7.9	168		7.9	145		1	7.9	133		1	7.9	85		1	7.9				28	40	88	16.30	20.00	3.5	1																			
25	176		7.9	169		7.9	146		1	7.9	134		1	7.9	86		1	7.9		1	1	28	40	88																							
26	177		7.9	170	6.4	1.5	147		1	7.9	135		1	7.9	87		1	7.9		1	2	28	40	88																							
27	178		7.9	171		1.5	148		1	7.9	136		1	7.9	88		1	7.9		1	3	28	40	88																							
28	179		7.9	172		1.5	149		1	7.9	137		1	7.9	89		1	7.9		1	4	28	40	88																							
29	180		7.9	173		1.5	150		1	7.9	138		1	7.9	90		1	7.9		1	5	28	40	88																							
30	181		7.9	174		1.5	151		1	7.9	139		1	7.9	91		1	7.9		1	6	28	40	88																							
Jun Total		7.9	7.9			1.5				7.9				7.9							6	28	40	88			Total:	13.5																			