

Factual Report – Attachment 7

SIC Records

OPERATIONAL FACTORS

CEN17MA183

**SUNQUEST EXECUTIVE AIR CHARTER LLC
EMPLOYEE APPLICATION**

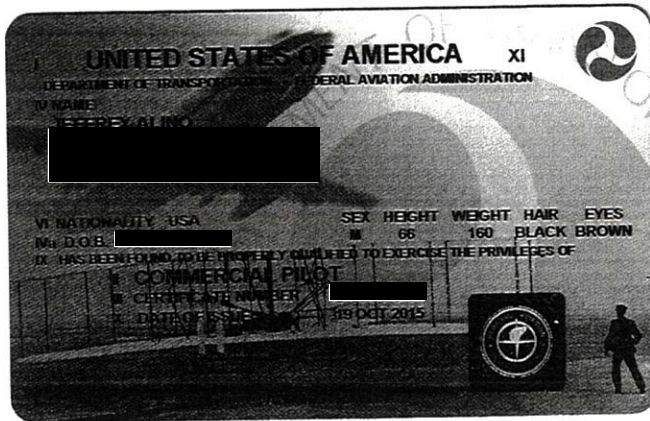
EMPLOYEE NAME Jeffrey Alino	EMPLOYEE SSN [REDACTED]	DATE OF HIRE
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EMPLOYEE	EMERGENCY CONTACT
ADDRESS [REDACTED], Union, NJ, 07083	ADDRESS [REDACTED], Union, NJ, 07083
PHONE: [REDACTED]	PHONE: [REDACTED] (mother) 908 775 3300
EMAIL: [REDACTED] [REDACTED]@gmail.com	EMAIL:

CERTIFICATES & RATINGS			
CERT TYPE	CERTIFICATE NO.	DATE OF ISSUE	RATINGS
Com Single	[REDACTED]	Oct 2015	LR, 1st Sic Oct 19 2015
Com Multi			
Inst Single multi			

EMPLOYMENT HISTORY			
EMPLOYER NAME: medflight			
EMPLOYER ADDRESS: 2301 Yale Blvd SE Suite 0-3 Albuquerque NM 87106		EMPLOYER PHONE: Chief Pilot Gary Schnakenberg 505 551 8000	EMPLOYER FAX:
START DATE: Aug 2015	END DATE: Feb 2016	POSITION HELD: Pilot Learner	
EMPLOYER NAME: Skydive mesquite			
EMPLOYER ADDRESS: 1200 K.itty Hawk Dr #105 Mesquite NJ 89027		EMPLOYER PHONE: Brad Jessey [REDACTED]	EMPLOYER FAX:
START DATE: March 2015	END DATE: Aug 2015	POSITION HELD: Jump Pilot	
EMPLOYER NAME: Pacific Wings Airlines			
EMPLOYER ADDRESS: Albuquerque Airport		EMPLOYER PHONE: President Darrin Coffon [REDACTED]	EMPLOYER FAX:
START DATE: Dec 2014	END DATE: March 2015	POSITION HELD:	
EMPLOYER NAME:			
EMPLOYER ADDRESS:		EMPLOYER PHONE:	EMPLOYER FAX:
START DATE:	END DATE:	POSITION HELD:	

DUTY ASSIGNMENT			
POSITION ASSIGNED	DATE ASSIGNED	DATE RELEASED	DOMR SIGNATURE



UNITED STATES OF AMERICA XI

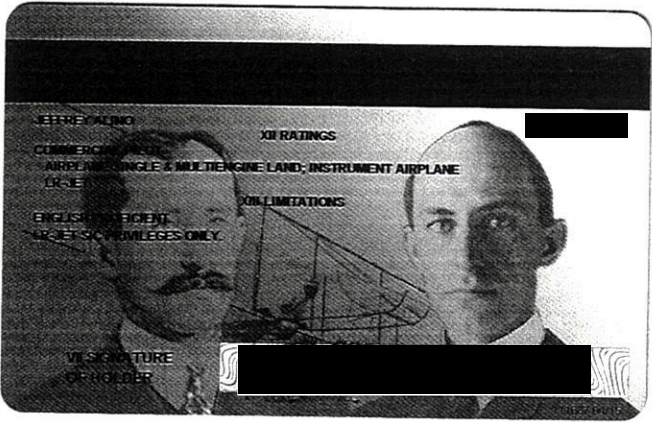
DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

PILOT NAME:
JEFFREY ALINO

SEX HEIGHT WEIGHT HAIR EYES
M 66 160 BLACK BROWN

NATIONALITY: USA
CLASSIFICATION: COMMERCIAL PILOT
CHECKRIDE NUMBER: [REDACTED]
DATE OF ISSUE: 19 OCT 2015





Serial Number	Grant Date	Expiration Date	File Number	Print Date	Effective Date
[REDACTED]	10-25-2011		[REDACTED]	10-25-2011	10-25-2011
Date of Birth	FCC Registration Number (FRN)		THIS LICENSE IS NOT TRANSFERABLE		
[REDACTED] 1984	0021240007		Special Conditions / Endorsements:		
ATTN: JEFFREY ALINO ALINO, JEFFREY [REDACTED] UNION, NJ 07083			NONE		
Restricted Radiotelephone Operator Permit			[REDACTED SIGNATURE]		
FCC 605-FRC May 2007			FEDERAL COMMUNICATIONS COMMISSION		



NEW JERSEY Motor Vehicle Commission

AUTO DRIVER LICENSE





DL [REDACTED] CLASS D
DOB [REDACTED] 1984
ISS 07-31-2014 EXP 09-30-2018

ALINO
JEFFREY E
[REDACTED]

UNION NJ 07083-6734
END NONE
REST 1

SEX M HGT 5-06 EYES BRN ORGAN DONOR
JB SP201421200000227 REN 24.00

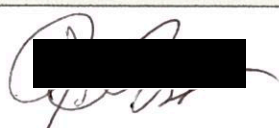
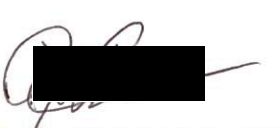
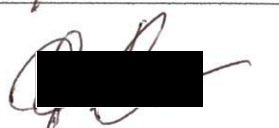
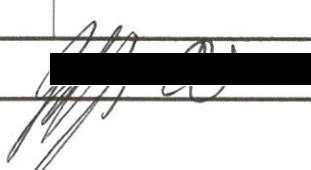
SUNQUEST EXECUTIVE AIR CHARTER LLC
RECORD OF ATTENDANCE

Employee Name: Jeffrey Alino			
Duty Position: SIC			
Completion Date: 08/26/16		Base Month: September	
<input checked="" type="checkbox"/> Initial New Hire <input type="checkbox"/> Initial Equipment <input type="checkbox"/> Transition <input type="checkbox"/> Upgrade <input type="checkbox"/> Recurrent <input type="checkbox"/> Requalification			
Date	Modules	Hours of Training	Instructor
08/22/16	Emergency Training	8.0	
8/23/16	Company History, 14 CFR 61, Drug & Alcohol Abuse Prevention, 14 CFR Part 135, 14 CFR 119, OpSpecs A	8.0	
8/24/16	Operational Control, Operating Manual, 14 CFR 135, 14 CFR 91, OpSpecs B, OpSpecs C, OpSpecs D, Weight & Balance, Navigation, Airspace & ATC Procedures, Terminal Area Charter & Flight Planning	8.0	
8/25/16	OpSpecs C, Operating Manual, Instrument Procedures, Aircraft Performance, Meteorology, All Weather Surface Operations, Airport Ground Operational Safety, 14 CFR 135, 14 CFR 91	8.0	
8/26/16	Normal & Emergency Communication, Operating Manual, 14 CFR 135, 14 CFR 91, CRM, International Operations, HAZMAT Training, RNP/RVSM, Aircraft Ground Deicing	8.0	
Student: 			Date: 08/26/16

RECORD OF TRAINING

Employee: Jeffrey Alino			
Aircraft: LR-35A/LR-31A		Duty Position: SIC	
Base Month: September		Date Assigned:	
<input checked="" type="checkbox"/> Initial New Hire <input type="checkbox"/> Initial Equipment <input type="checkbox"/> Transition <input type="checkbox"/> Upgrade <input type="checkbox"/> Recurrent <input type="checkbox"/> Requalification			
Curriculum	Hours of Training	Date of Completion	Instructor
Basic Indoctrination	32.0	08/26/2016	[REDACTED]
Emergency Situation	4.0	08/22/2016	
Emergency Drill (Due every 24 months)	4.0	08/22/2016	
Hazardous Material	2.0	08/26/2016	
Crew Resource Management	2.0	08/26/2016	
Aircraft Ground (AC Type: _____)			
Aircraft Ground (AC Type: _____)			
Aircraft Flight/Simulator (AC Type: _____)			
Aircraft Flight/Simulator (AC Type: _____)			
International and Special Airspace Operations	5.0	08/26/2016	
Security	2.0	08/26/2016	
Ground Instructor			
Flight Instructor (Simulator)			
Flight Instructor (Aircraft)			
Check Airman (Simulator)			
Check Airman (Aircraft)			
Student: [REDACTED]	Instructor: [REDACTED]		

SUNQUEST EXECUTIVE AIR CHARTER LLC
RECORD OF ATTENDANCE

Employee Name: Jeffrey Alino			
Duty Position: SIC			
Completion Date:		Base Month: September	
<small>Initial New Hire</small>	<small>Initial Equipment</small>	<small>Transition</small>	<small>Upgrade</small>
<small>Recurrent</small>	<small>Requalification</small>		
Date	Modules	Hours of Training	Instructor
10/03/16	14 CFR 61, 14 CFR 91, 14 CFR 135, Operations Manual, Operations Specifications	8.0	
10/04/16	14 CFR 61, 14 CFR 91, 14 CFR 135, Operations Manual, Operations Specifications	8.0	
11/1/16	14 CFR 61, 14 CFR 91, 14 CFR 135, Operations Manual, Operations Specifications	8.0	
Student: 			Date: 11/2/16



Ground Training Record

Name: Mr. Jeffrey Alino

Course#: L3R5-20160916

Company: Sun Quest Air Charter

Cert Code: 1QUA

Category: REC5

Res#: 8431997

Learjet 35/36 FAA Recurrent - 5 Day

16 Sep 2016

Ground Training Completed

Air Conditioning and Pressurization - Normal / Abnormals
Aircraft Flight Manual
Aircraft General
Auto Flight System - Normal / Abnormals
Communication Equipment - Normal / Abnormals
Electrical - Normal / Abnormals
Emergency Equipment
Fire Protection - Normal / Abnormals
Flight Controls - Normal / Abnormals
Flight Instruments - Normal / Abnormals
FMS Local Area Navigation
Fuel - Normal / Abnormals
Hydraulic - Normal / Abnormals
Ice and Rain - Normal / Abnormals
Introduction and Administration
Landing Gear and Brakes - Normal / Abnormals
Lighting - Review
Navigation Equipment - Normal / Abnormals
Oxygen - Normal / Abnormals
Performance and Weight and Balance
Powerplant - Normal / Abnormals

Total Hours: 16.00



RECORD OF TRAINING / CHECKING

Mr. Jeffrey Alino
Sun Quest Air Charter
Sun Quest Air Charter, 1QUA
Part 135 REC5 Training Program
Bombardier Learjet 35/36

Training Start Date: 16 Sep 2016 / **Reservation #:** 8431997

Ground School: Hours 16.00

Day 1 09/16 IP#6 [REDACTED] Day 2 09/17 IP# [REDACTED] Day 2 09/21 IP#5 [REDACTED]

Flight Simulator

Pilot Flying:	Hours	18.6
Pilot Monitoring:	Hours	6.1
Total:	Hours	24.7

Total Instrument: Hours 15.7

Total Day Takeoff/Landings: 1/0

Total Night Takeoff/Landings: 23/21

ILS Approaches: 17

Non-Precision Approaches: 12

Circle: 5

Visual: 2

Checks and Tests Completed:

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

[REDACTED SIGNATURE]

Richard Cave
Head of Training

10/10/2016

Date
Version 4 – 9/21/2015

Flight Training Record

Name: Jeffrey Alino

Course#: L3R5-20160916

Company: Sun Quest Air Charter(1QUA)

Res #: 8431997

Category: REC5

Cert Code: 1QUA

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: Bombardier Learjet 35/36							DUTY POSITION: SIC					
Part 135 pilots utilized the 1QUA 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 1QUA Aircraft Checklists, SOPs, Maneuvers and Profiles and certify that these documents and procedures were used during the training or checking that I performed.												
IP #	82546	50774	1844	82223	1844	82546	1512					
DATE	09/18 2016	09/20 2016	09/22 2016	09/23 2016	09/25 2016	09/28 2016	09/29 2016					
SIM SESSION #	S15	S16	S8	S16	S7	S7	S8					
Preparation	S15	S16	S8	S16	S7	S7	S8					
Preflight - Interior						P	S					
Preflight - Exterior						P	S					
Preflight - Flightdeck	C-P		P	C	C	P	S					
Performance Data	P	P	P	P	P		S					
Ground Operations	S15	S16	S8	S16	S7	S7	S8					
Start Procedures	C-P		P	P	P	P	S					
Taxiing	P		P	P	P	P	S					
Taxiing - Low Visibility	P											
Pretakeoff Checks	C-P		P	P	P	P	S					
Parking / Shutdown	P		P	P			S					
Take Offs	S15	S16	S8	S16	S7	S7	S8					
Normal	P		P	P	P	P	S					
Crosswind	P		P	P	P	P	S					
Engine Failure		C	P	C-P	P	P	S					
Rejected	P											
Instrument - RVR 1200						P						
Instrument - RVR 600	P		P									
Instrument - RVR 500				P								

Flight Training Record

Inflight Maneuvers	S15	S16	S8	S16	S7	S7	S8						
Normal Climb	P		P	P									
Power Control			P										
Steep Turns	C-P		C	C	C	P							
Stalls - Takeoff	C		P	P			S						
Stalls - Clean	C		P	P			S						
Stalls - Landing	C		P	P			S						
Engine Failure/Shutdown			P				S						
Engine Restart			P										
Unusual Attitude Recovery	C		C	P			S						
Normal Descent	P			P									
Instrument Procedures	S15	S16	S8	S16	S7	S7	S8						
RNAV Departure			P	P									
Departure	P		P		P		S						
Arrival	P				P		S						
Circling Approach			C		C	P							
Holding			P										
Procedure Turn			P			P							
Instrument Approaches	S15	S16	S8	S16	S7	S7	S8						
ILS- Normal	P				C	P	S						
ILS - Engine Out		C	C	P	C	P	S						
ILS - Autopilot	P	C		P		P							
Missed Approaches	S15	S16	S8	S16	S7	S7	S8						
From an ILS		C-P	C	C	C	P							
ILS Engine Out			C		C	P							
From a Nonprecision Approach			P		P								
1 Engine Out			C	C	C	P							
Complete			P										
Landings	S15	S16	S8	S16	S7	S7	S8						
Normal	C			C	C	P	S						
Crosswind				C	C	P	S						
1 Engine Out			C	C	C	P	S						
From an ILS			C	C	C	P	S						
From a Circling Approach			C		C	P							
No Flap Visual						P							
Rejected			P										

Flight Training Record

Crew Resource Management	S15	S16	S8	S16	S7	S7	S8						
Briefings	P	P	P	C	P	P							
Decision Making	C	C-P	P	C	P	P	S						
CRM / SRM	C	C	C	C-P	P	P	S						
Leadership	C-P	P	C	C	C	P							
Followership	P	P	P		P	P							
Workload Management	C	C	C	P	P	P							
Situational Awareness	C	C	C	P	C	P							
Positional Awareness	P	C	C	P	C	P							
Distraction Avoidance	P	P	P		P	P							
Automation Management	C	P	C	P	P	P							
Com/Nav Procedures	P	P	P		P	P	S						
Airmanship	S15	S16	S8	S16	S7	S7	S8						
Adherence to ATC	C	P	P		P	P							
Use of Autopilot	C	P	C	P	C	P							
Flight Director	C	C	C	P	C	P							
Use of Checklist	P	P	P		P	P	S						
Adherence to Maneuver/SOP	C	P	C	P	P	P	S						
Emergencies and Abnormals	S15	S16	S8	S16	S7	S7	S8						
Air Conditioning / Pressurization / IAMS		P											
Aircraft Evacuation						P							
Aircraft Fires (Engine)						P							
Anti-icing	C-P												
Brakes						P							
Communications / Navigation						P							
Electrical						P							
Emergency Descent		P											
Engine Failure		C-P	P		P	P	S						
Engine Starting	C-P		P	P	P	P							
Flight Controls / Autopilot		C			P								
Flight Instrument / Flight Director		C			P								
Fuel		P	P	P	P	P	S						
Heavy Precipitation / Turbulence		P											
Landing Gear						P							
Oxygen		P											
Rapid Decompression		P											

Flight Training Record

Emergencies and Abnormals	S15	S16	S8	S16	S7	S7	S8						
Smoke Control						P							
Stall Warning *			P										
Windshear Escape-REQUIRED		D											
NonPrecision Approach - CDI / HSI Based - Group 1	S15	S16	S8	S16	S7	S7	S8						
VOR (Without Vertical Guidance)			C		C	P							
VOR / DME / LOC (Without Vertical Guidance)				P									
NonPrecision Approach - GPS Based - Group 2	S15	S16	S8	S16	S7	S7	S8						
GPS (Without Vertical Guidance)			C		P		U-S						
RNAV (GPS) (Without Vertical Guidance)						P							
ILS - Precision Approach - Group 8	S15	S16	S8	S16	S7	S7	S8						
ILS	C-P	C-P	C	P	P		S						
Summary Task - Checking Only	S15	S16	S8	S16	S7	S7	S8						
Abnormal Procedures							S						
Emergency Procedures							S						

Flight Training Record

Name: Jeffrey Alino

Course#: L3R5-20160916

Company: Sun Quest Air Charter(1QUA)

Res #: 8431997

Category: REC5

Cert Code: 1QUA

Date	IP#	From	From	PF	PM	Inst	T/O DAY	LDG Day	ILS	Non-Prec	GPS	Circle	Visual
Sim#	OCM	To	To				Night	Night					
09/18/2016	82546	KJFK		3.0	0.0	2.6	0	0	2	0	0	0	0
S15	T02G	KJFK					1	1					
09/20/2016	50774	KASE	KJFK	3.0	0.0	2.1	1	0	0	1	0	0	1
S16	UW75	KJFK	KJFK				2	0					
09/22/2016	1844	KJFK		2.0	2.5	1.7	0	0	2	2	1	1	1
S8	AU60	KJFK					3	3					
09/23/2016	82223	kjfk		3.0	0.0	2.8	0	0	6	1	0	0	0
S16	GG39	kjfk					6	6					
09/25/2016	1844	KJFK		4.0	0.0	3.5	0	0	2	3	1	2	0
S7	SF41	KJFK					3	3					
09/28/2016	82546	KJFK		2.0	2.0	1.8	0	0	4	4	2	2	0
S7	RUKG	KJFK					6	6					
09/29/2016	1512	KJFK		1.6	1.6	1.2	0	0	1	1	1	0	0
S8	RUKG	KLGA					2	2					
Instructor Name (TCE / Check Airman) and #							SIGNOFF						
Bruce Robert Leveque - [REDACTED]							SIC Training 61.55						
OSCAR RANDALL SWAIM - [REDACTED]							Oral Base Aircraft 293 (a)(2)						
OSCAR RANDALL SWAIM - [REDACTED]							Oral 293(a)(3) Wt. & Balance						
Bruce Robert Leveque - [REDACTED]							135.293(b) - Sim 2						

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

Ronnie Gene Fountain - [REDACTED]

09/27/2016

Digital Signature

Date

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION VAN NUYS, CA		DATE OF CHECK 11/2/2016	
NAME OF AIRMAN (last, first, middle initial) ALIND, Jeffrey				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 Commercial		MEDICAL INFORMATION: Date of Exam. 10/13/2016			
		Number		Date of Birth		Class	
EMPLOYED BY Sunquest exec.		BASED AT (City, State) Peterboro, NJ		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				HELIICOPTER			
PREFLIGHT				HELIICOPTER			
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			
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				Demonstrated Current Knowledge FAR 135.293(a) 648			
21. Emergency Procedures				Make/Model Expires (12 months) 11/2017			
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)				initial base month November			
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 Western Pacific		DISTRICT OFFICE VAN NUYS, CA		FAA INSPECTOR'S SIGNATURE			



Record of Simulator Checks (STI 8410)

NAME: Mr. Jeffrey Alino
COMPANY: Sun Quest Air Charter
CATEGORY: REC5

COURSE#: L3R5-20160916
RES#: 8431997
CERT CODE: 1QUA

TYPE OF CHECK: <input type="checkbox"/> PIC 135.293 & 297 <input type="checkbox"/> PIC 135.297(only) <input checked="" type="checkbox"/> SIC 135.293			
Ground Operations	Sim 1	T*	Sim 2
Preflight (Interior)	S		
Preflight Exterior	S		
Start Procedures	S		
Taxiing	S		
Pre-Takeoff Checks	S		
Takeoffs	Sim 1	T*	Sim 2
Normal	S		
Crosswind	S		
Instrument RVR (_____)	NA		
With Engine Failure	S		
Rejected	NA		
In-Flight Maneuvers	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		
Landings	Sim 1	T*	Sim 2
Normal	S		
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		
Simulator Type: LR-35-A			
Simulator Level: C			
Instrument Procedures	Sim 1	T*	Sim 2
Departure	S		
Arrival (FMS)	S		
Holding	NA		
ILS Approach (1800 RVR)	Sim 1	T*	Sim 2
Normal ILS	S		
Engine-Out ILS	S		
Autopilot ILS	NA		
Raw Data (If Required)	NA		
Nonprecision Approach	Sim 1	T*	Sim 2
GPS (Without Vertical Guidance)	U-S		
	NA		
	NA		
	NA		
	NA		
Missed Approach	Sim 1	T*	Sim 2
From an ILS	NA		
Engine Out	NA		
Second Missed Approach	NA		
General	Sim 1	T*	Sim 2
Abnormal Procedures	S		
Emergency Procedures	S		
Com / Nav Procedures	S		
Use of Autopilot	NA		
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	NA		
CHECK RESULTS		S/U	DATE
Oral 293(a)(1)			
Oral Base Aircraft <input checked="" type="checkbox"/> 293(a)(2) <input type="checkbox"/> 297		S	09/29/2016
Oral 293(a)(2) Variant-Model:			
Oral 293(a)(3) Wt. & Balance		S	09/29/2016
Oral 293(a)(4 -8) Gen Subjects			
Sim Check 1 <input type="checkbox"/> 293(b) <input type="checkbox"/> 297(c)			
Sim Check 2 <input checked="" type="checkbox"/> 293(b) <input type="checkbox"/> 297(c)		S	09/29/2016
Total Sim Check 1 & 2 Pilot Flying Time:		1.6	
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			

SUNQUEST EXECUTIVE AIR CHARTER LLC
EMPLOYMENT CONTRACT

THIS AGREEMENT, made as of the 15th day of August, 2016 between SunQuest Executive Air Service LLC, a limited liability company formed pursuant to the laws of the State of Hawaii (hereinafter "Employer") and Jeffrey Alino (hereinafter "Employee").

WHEREAS Employee and Employer wish to enter into an employment agreement governing the terms and conditions of employment.

THIS AGREEMENT WITNESSETH that in consideration of the premises and mutual covenants and agreements hereinafter contained, and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged by the parties hereto), it is agreed by and between the parties hereto as follows:

1. Term of Employment

The employment of Employee shall commence the date hereof and continue for an indefinite period until terminated in accordance with the provisions of this agreement.

2. Compensation

Employer shall pay to Employee in exchange for services rendered under this Agreement, compensation at the rate of Three Hundred Fifty One United States Dollars (\$351.00) per flight day. For the purpose of this Agreement, a "flight day" is defined as a period of twenty-four (24) hours from the assigned start of a duty period for the purpose of conducting an aircraft flight operation under the rules of either Title 14 of the Code of Federal Regulations Part 91 or Part 135. For any flight day, whether the amount is worked or not, Employee shall receive an hourly rate for this daily rate shall be inclusive of the following hourly rates:

\$19.50 per assigned hour for the first eight (8) hours for which Employee serves in a flight crew capacity required by Employer.

\$29.25 per assigned hour for any hours worked over eight (8) but less than twelve (12) hours in a flight crew capacity required by Employer.

\$39.00 per assigned hour for any hours worked over twelve (12) hours in a flight crew capacity required by Employer.

Employer shall make use of Employee and pay Employee full wages for no fewer than eight (8) flight days per calendar month, with these days being distributed evenly between the first and second semi-annual pay period.

For periods in which Employee shall receive training pertinent to his or her job function or be required to perform other non-flight related duties for Employer, Employee shall receive a rate of Nine United States Dollars (\$9.00) for each actual hour in attendance of training or other non-flight related duties, if these duties are in excess of the eight (8) flight day monthly guarantee.

Employee shall not be paid for travel time, however Employer shall reimburse Employee for mileage, airfare and accommodations for any travel required by Employer.

Employee shall be considered a full-time, direct employee of Employer and shall, as part of this agreement, be entitled to a minimum payment for eight (8) flight days as they are defined above, for each calendar month.

3. Benefits

Employee shall receive the following benefits:

- a. A stipend of \$300.00 per month, to be paid on the 20th day of each calendar month, for the purpose of the Employee to purchase comprehensive medical, dental, and vision in accordance with the requirements of their state of residence.
- b. Under the terms set forth in Employer's published manuals, Employee shall receive per diem.
- c. Telephone allowance of \$30 per month, at the discretion of Employee.
- d. Employee is entitled to one (1) lunch period of thirty (30) minutes and one break period of fifteen (15) if their duty day exceeds five (5) hours. If a duty day exceeds eleven (11) hours Employee is entitled to a second lunch break of thirty (30) minutes. When Employee is acting as a required flight crewmember on an aircraft in flight, Employee recognizes and understands that under federal law it is impossible to be relieved of all duty and as such shall remain "on duty" through his or her break and/or lunch period. Employee shall be compensated at his or her normal rate for this "on-duty" meal period. Employee may decline this "on-duty" meal period in favor of standard meal periods by submitting, in writing, notice to Employer of his or her desire to exercise standard meal and break periods. When Employee is on duty for Employer but not acting as a required flight crewmember to perform duties pertinent to flight operations, scheduling of meal and break periods are the responsibility of the Employee. All meal and break periods must be recorded on Employer's forms and submitted every two (2) weeks to Employer.

4. Duties and Responsibilities

Employee shall be employed in the capacity of Second-in-Command (SIC) on an aircraft operated by Employer, the specific type and model of aircraft to which Employee is assigned shall be at the sole discretion of Employer. The current duties and responsibilities of which are set out in the Employer's General Operations Manual. These duties and responsibilities may be amended at the sole discretion of Employer, subject to formal notification of same being provided to Employee.

5. Limitation of Authority

Notwithstanding other terms herein, Employee shall not have the right to make contracts or commitments for amounts in excess of the normal operational expenses required to carry out his or her duties as defined in Paragraph 4 of this Agreement for or on behalf of Employer, without first obtaining the express written consent of Employer.

6. Supervision of Employee

Employee reports to the Director of Operations. If that person is temporarily absent or unable to perform his duties, Employee shall report to the Chief Pilot. In no event shall there be more than one person at any time acting on behalf of Employer insofar as control of Employee is concerned.

7. Outside Employment

Employee may, with Employer's approval, serve in a position outside of SunQuest Executive Air Charter and receive a reimbursement of expenses and/or be paid an honorarium for such services at no expense to Employer. Prior to engaging in these activities, Employee will notify Employer, in writing, of the activity and that he or she wishes for the activity is approved by Employer. Employer will notify Employee if the activity presents a conflict or interferes with the performance of his or her duties as an employee of the Employer. If Employee receives compensation or reimbursement of expenses for outside employment, Employee shall only undertake the approved activity in a manner so that it does not interfere with the scheduling of duties as they apply to Employee's position with Employer. Outside employment activities executed by Employee under the terms and conditions of this paragraph must be consistent with state and federal law. Outside employment activities shall only be approved at the sole discretion of Employer.

8. Termination of Employment

This employment contract may be terminated by:

- a. Mutual agreement of the parties.
- b. Disability of Employee. If Employee is permanently disabled or is otherwise unable to perform his or her duties because of sickness, accident, injury, mental capacity or inability to meet federal requirements for a period of ninety (90) working days beyond any authorized sick leave, Employer shall have the option to terminate this Agreement with no obligation to the Employee from that date upon which this Agreement was terminated.
- c. Discharge for cause. In the event Employee commits a material breach of the obligations and duties of Employee under this Agreement or commits any acts designated as conduct violation or for just cause shall be considered cause for immediate dismissal, Employer may terminate this Agreement, during its term, only for "cause" which, for purposes herein, shall mean Employee's (i) material and continuing failure to perform his or her essential duties hereunder; including but not limited to failure to work full-time on the business of Employer for reasons other than disability; or (ii) dishonesty; or (iii) misconduct, dereliction of duty or negligence; or (iv) fraud, misrepresentation or other acts of moral turpitude or criminal conduct; or (v) a failure to meet the federal requirements necessary to hold their position; or (vi) a material breach of any term of this Agreement. Employee may terminate this Agreement upon any material breach by Employer which is not resolved within thirty (30) days of written notice presented by Employee.
- d. Unilateral termination by Employer. In the event Employee is terminated by Employer and during such time Employee is willing and able to perform his or her duties under this Agreement, then in that event Employee understands and agrees that they are not entitled to any further compensation beyond that compensation rendered to Employee for past work.

9. Confidentiality

The Employee acknowledges that, in the course and fulfilling his or her duties hereunder, he or she may have access to and be entrusted with confidential information concerning the present and contemplated financial status and activities of Employer, the disclosure of any of which confidential information to competitors of the Employer, would be highly detrimental to the interests of Employer. The Employee further acknowledges and agrees that the right to maintain the confidentiality of such information constitutes a proprietary right which Employer is entitled to protect. Accordingly, the Employee covenants and agrees with the Employer that he or she will not, during the continuance of this agreement, disclose any of such confidential information to any person, firm or corporate entity, nor shall he use same, except as required in the normal course of his engagement hereunder, and thereunder he or she shall not disclose or make use of the same.

10. Choice of Law

It is the intention of the parties to this Agreement that this Agreement and the performance under this Agreement, and all suits and special proceedings under this Agreement, be construed in accordance with and under and pursuant to the laws of the State of Hawaii and that, in any action, special proceeding or other proceeding that may be brought arising out of, in connection with, or by reason of this Agreement

11. No Waiver

The failure of either party to this Agreement to insist upon the performance of any of the terms and conditions of this Agreement, or the waiver of any breach of any of the terms and conditions of this Agreement, shall not be construed as thereafter waiving any such terms and conditions, but the same shall continue and remain in full force and effect as if no such forbearance or waiver had occurred.

12. Notices

Any notice required by this Agreement or given in connection with it shall be in writing and shall be given to the appropriate party by personal delivery or by certified mail, postage prepaid, or recognized overnight delivery services;

If to Employer:

SunQuest Executive Air Charter, LLC.
95 Nakolo Pl.
Honolulu, HI 96819

If to Employee:

Jeffrey Alino
[REDACTED]
[REDACTED]

13. Paragraph Headings

Headings used in this Agreement are provided for convenience only and shall not be used to construe meaning or intent.

14. Severability

If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

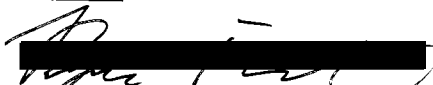
15. Arbitration

The parties agree that they will use their best efforts to amicably resolve any dispute arising out of or relating to this Agreement. Any controversy, claim or dispute that cannot be so resolved shall be settled by final binding arbitration in accordance with the rules of the American Arbitration Association and judgment upon the award rendered by the arbitrator or arbitrators may be entered in any court having jurisdiction thereof. Any such arbitration shall be conducted in the State of Hawaii, or such other place as may be mutually agreed upon by the parties. Within fifteen (15) days after the commencement of the arbitration, each party shall select one person to act as arbitrator, and the two arbitrators so selected shall select a third arbitrator within ten (10) days of their appointment. Each party shall bear its own costs and expenses and an equal share of the arbitrator's expenses and administrative fees of arbitration.

In witness whereof, each party to this Agreement has caused it to be executed at Honolulu, Hawaii on the date indicated below.

Employer:


Name: Ryan A. Frost

Signature: 

Date: August 15, 2016

Employee:

Name: Jeffrey Alino

Signature: 

Date: August 15, 2016

Jeffrey Alino
[Redacted]
Union, NJ 07083
United States

Tel: [Redacted]
Cell: [Redacted]
Email: [Redacted]

OBJECTIVE
Charter Pilot

WED - 3 13:00

HEALTHY 50K
115TH

LICENSES AND RATINGS

Type Ratings: SIC Learjet
FAA Commercial Pilot - Airplane SE & ME Land, Instrument
FCC Restricted Radiotelephone Operator Permit
FAA First Class Medical
Driver license

FLIGHT TIME

Total Time 1400

PIC-851, SIC-300, Turboprop-11, Turbine multi-400, Multi engine-140, Single engine-839, Flight simulator-42, Instrument-80, Hood-160, Night-230, Crosscountry-500 Cross country night-120,

EMPLOYMENT INFORMATION

MedFlight Air Ambulance

Aug 2015 - Jan 2016

Second-in-command

Flew Learjet as Aerial emergency medical transport of patients on a 24 hour on call basis. Includes premission planning.

Miles

Aug 2009 - present 2016

Maintenance and pilot

Flew Nanchang CJ-6, PA-28 and B36T to airshows.

Skydive Mesquite - Sen Sarrac

May 2015 - Jun 2015

Jump Pilot

Flew C-182 for skydiving operation with preflight checks and ensuring weather suitability conditions for jump runs.

Pacific Wings Airlines

Mar 2015 - Jun 2015

Assistant Chief Pilot

Flew C-208. Maintain and update of GPS system on the G430 G530. Train fellow pilots on Ipad on foreflight and ensuring trend monitoring system is good.

Trans-Pacific Jet

Aug 2016 - present

Sic Pilot

My job duties were to do a pre-flight as well as get the aircraft ready for a safe departure rotate on taking off and landing with the captain and preparing the aircraft for a safe flight and to give passengers the best customer service. I also passed a 135.293 check at CAE in Dallas as well as a check with our POI (FAA inspector) Michael Hoffman Van Nuys FSDO California.

3-DA-50
7-LEAPS
1-31

62.5

EDUCATION, AWARDS AND ACHIEVEMENTS

61,500

Cruise W¹⁴
AUG 23 - SEPT 11¹⁴

CAE Simulite International part 142 (sep 16,2016- Sep 21,2016)
2929 West Airfield rd DFW Airport TX 75261
Completed a part 135 curriculum which includes the proficiency check required by
135.293 to continue to serve as Left or Right seat second command SIC .

Pilot's Choice Aviation part 141 (Aug 2009- Mar 2011)
209 Corsair Dr Georgetown, TX 78628 Obtained Instrument Single Engine rating and Commercial
single engine.Completed Commercial Multi Engine Instrument rating.

Air Academy part 141 (Jun 2007- Aug 2009)
300 E 26th Place Sanford, FL 32773-9366
Obtained Private Pilot rating.

Institute of Culinary Education (Sep 2005- Dec2006)
50 west 23rd St New York City, 10010. Career Culinary Arts Diploma.

ADDITIONAL SKILLS

Pilot at USAF Civil Air Patrol (Jan 2012-Present) Maguire Air Force Base.Engaged in search and rescue
missions. Conduct cadet orientation flights.Fluent in Tagalog (Philipino language) Familiar with
universal FMS, G530, G430, Ipad firelight.

PERSONAL INFORMATION

Single, age 32, US citizen. Outgoing. Highly motivated and dedicated to advancing my career as a
pilot. Willing to relocate.

New Hire (Pilot) Information

Name: Jeffrey Alino

Permanent Address:

Union, NJ 07083

Home Phone:

Cell Phone

Email Address:

Pilot Certificate #:

Current Medical (Class/Date): First Class 10/13/16

Driver's License (number/issuing State):

Expiration: 09/30/2018

RROP (Date) 10/25/2011

Passport #:

Country: USA

Expiration: USA

Issued: 05/23/2014

Drug Screen date: 05/05/2017

Hired Date: 05/23/17

Starting Salary:

Salary Start Date: 05/23/2017

Terms of Employment: Second in Command DA50/900 90 day probationary period

Requests Company Insurance:

Yes

No

Company Provided Property:

IPhone

Laptop

IPad

Epaulets

Wings

NATA ID

MMU Badge

Training Date: 05/23/2017

Initial

New Hire Recurrent:

Airframe: DA50/900

Flight Times:

Total Flt Time 2675

Turbine/Jet Time 1800

Turbine/Jet PIC 265

Type Ratings Held:

DA50 LR-JET

RECEIPT / ACKNOWLEDGEMENT FORM

(Jeffrey Alino)

I [redacted], acknowledge receipt of printed information regarding the policies and procedures of State Mass Aviation 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:

5-3-17

SIGNATURE:

[redacted]

RECEIPT / ACKNOWLEDGEMENT FORM

In compliance with 49CFR40.25 (i)

RELEASE OF INFORMATION FORM - 49 CFR 40 DRUG & ALCOHOL TESTING

Section I. To be completed by the new employer, signed by the employee and transmitted to the previous employer.

Employee: Jeffrey Albino
Trans Pacific Jet Soc. Sec. # [REDACTED]

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49CFR40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT regulated testing items: (1) Alcohol tests with a result of 0.04 or higher; (2) Verified positive drug tests; (3) Refusals to be tested; (4) Other violations of DOT agency drug and alcohol testing regulations; (5) Information obtained from previous employers of a drug and alcohol rule violation; (6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: [REDACTED] Date 5-3-17

I-A.
New Employer Name: SHORT HILLS AVIATION SERVICES, INC.
Address: 18 AIRPORT RD, MORRISTOWN, NJ 07960
Phone #: 973-292-3395 Fax #: 973-292-3396
Designated Employer Representative: COURTNEY FLETCHER

I-B.
Previous Employer Name: Trans Pacific Jet
Address: Corporate Headquarters 95 NAKOLA PL HONOLULU, HI 96819
Phone #: 808-377-6240 Fax #: _____
Designated Employer Representative (if known): Ryan Frost

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer.

- II-A.
In the two years prior to the date of the employee's signature (in Section I), for DOT regulated testing:
1. Did the employee have an alcohol test result of 0.04 or higher? YES _____ NO _____
 2. Did the employee have a verified positive drug test result? YES _____ NO _____
 3. Did the employee refuse to be tested including any test that was verified substituted or adulterated? YES _____ NO _____
 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? (e.g. follow-up, rehab, return-to-duty)? YES _____ NO _____
 5. Did a previous employer report a drug and alcohol rule violation to you? YES _____ NO _____
 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A _____ YES _____ NO _____

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record)

II-B.
Name of person providing information in Section II-A: _____
Title: _____
Phone #: _____ Date: _____

PART 120 Subparts E & F requires aviation entities to provide this information upon written consent of the individual.

41119026 1071534

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

SHARY WELLS ROTATION SVCS
COURTNEY FLETCHER
18 AIRPORT RD
MORRISTOWN NJ 07960
PH: 973-292-3395

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
PH: 954-635-2050 FAX: 954-359-9488

C. Donor SSN or Employee I.D. No.

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)

45307M DOT DRUG PANEL W/TS

G. Collection Site Name:

Concentration
Address: Hoboken Rd STE B
City, State and Zip: Parsippany, NJ 07054

Collection Site Code:

NJ123

Collector Phone No.:

Collector Fax No.:

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 Remarks 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

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier

FedEx

Other

Signature of Collector

Victoria Reinhardt

5/3/17

2:58 AM

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.

Signature of Donor

Jeffrey Almo

5/3/17

Daytime Phone No.

Evening Phone No.

Date of Birth

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:

ADULTERATED (adulterant/reason):

SUBSTITUTED

OTHER

TEST CANCELLED

RECEIVED MAY 09 2017

REMARKS:

NEGATIVE
SOLING LI, D.O.

Signature of Medical Review Officer

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

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:

FAILED TO RECONFIRM for:

TEST CANCELLED

REMARKS:

Signature of Medical Review Officer

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

Date (Mo./Day/Yr.)