



NATIONAL TRANSPORTATION SAFETY BOARD

**Office of Aviation Safety
Washington, D.C. 20594**

December 30, 2017

Attachment 5: Captain's Pilot File and Training Records

OPERATIONAL FACTORS

DCA17FA109

14 CFR 135.63(a)(4)(i)

Pilot's Folder

Pilot's Full Name

Jonathan

First

Pablo

Middle

Alvarado

Last

Place of Birth

Portland

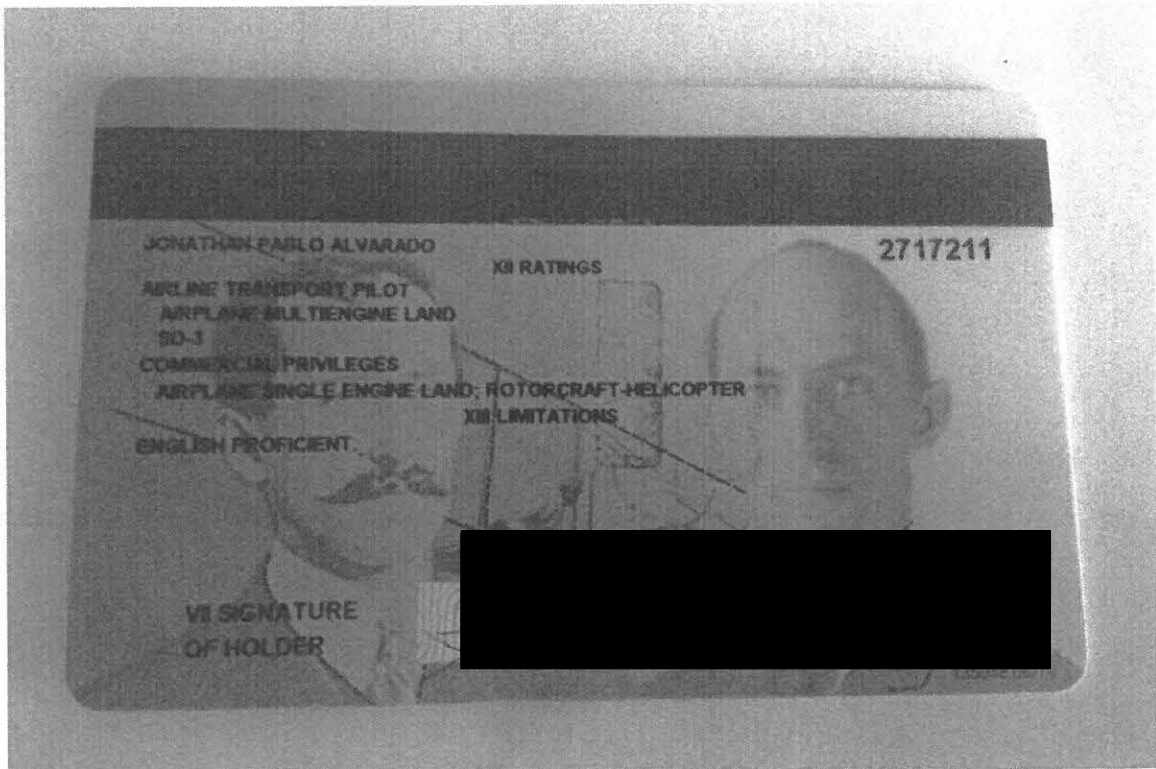
City

Maine

State

USA

Country



Texas DRIVER LICENSE USA TX

4a DL [REDACTED] 9 Class **CM**
2018/2018


4a Iss [REDACTED]

3 DOB [REDACTED]


1 ALVARADO
2 JONATHAN PABLO

8 [REDACTED] STREET
X 79553

12 Restrictions **NONE** 9a End **NONE**
14 Exp **6-00** 15 Sex **M** 18 Eyes **BRO**
[REDACTED] 31



Jonathan Pablo Alvarado



Directive to physician has been filed at tel #

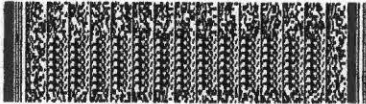
Emergency contact number

Allergic reaction to drugs

RESTRICTIONS - NONE


TEXAS ROADSIDE ASSISTANCE
1-800-525-5555

ENDORSEMENTS:
NONE



REV. 05/01/2007

Serial Number	Grant Date	Expiration Date
RR00030741	08-11-2005	
[REDACTED]	FCC Registration Number (FRN)	
	0013871116	
ALVARADO, JONATHAN P		
JONATHAN ALVARADO		
[REDACTED] EY DR.		
[REDACTED] GA 31030		
Restricted Radiotelephone Operator Perm.		
FCC 605-FRC	April 2002	

File Number	Print Date	Effective Date
000 [REDACTED]	08-11-2005	08-11-2005
THIS LICENSE IS NOT TRANSFERABLE.		
SPECIAL CONDITIONS/ENDORSEMENTS:		
NONE		
[REDACTED SIGNATURE]		
(Licensee's Signature)		
FEDERAL COMMUNICATIONS COMMISSION		

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

JONATHAN Pablo ALVARADO
[Redacted]
Shawford TX 79353 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
03/10/1970	71	268	BROWN	BROWN	M

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

Must have available glasses for near vision. Not valid for any class after 6/30/2017.

Limitations

Date of Examination
06/23/2016

Examiner's Designation No.
000017201

BY LAWRENCE LYNCH JR MD

AIRMAN

Applicant

260607196230

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.

14 CFR 135.63 (a)(4)(i-iii)
 Pilot Aeronautical Experience

Full Name: Jonathan Palvarado Certificate #: [REDACTED]

Type	PIC Minimum Hours	SIC Minimum Hours	Total Flying To Date		
Multi-Engine	10	10	662.0		
Single- Engine			3274.5		
Turbine			554.7		
Instrument in Aircraft	50		172.1		
Sim. Instrument	25 (max)		25 25		
Total Instrument	75	40	197.1		
Flight Instructor			149	Total Commercial Flying from Jan.1	Total Commercial Flying Current Calendar Month
Cross Country	500	50	3439.7		
Night	100	5	1062.7		
Total Flight Hours	1200	250	4015.7	242.4	10.1
SD3 SIC		554.7	SD3 PIC		10.1

	YES	NO
Do you hold a type rating in a Multiengine Land (MEL) turbo-prop airplane that does not contain a Supervised Operating Experience (SOE) limitation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you logged at least 1,000 hours in two different MEL turbo-prop airplanes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been appointed by the U.S. Armed Forces as pilot in command of a MEL turbo-prop airplane?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you logged at least 500 hours in SD-3 airplanes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you logged at least 2,000 hours flight time, of which at least 500 hours were in MEL turbine-powered airplanes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If none of the above boxes are checked "yes" type rating must be issued with a PIC limitation.

I certify the above entries are true and correct to the best of my knowledge.

Pilot's Signature: [REDACTED]

Date: 7/12/2016

SD3 GROUND TRAINING RECORD AND CERTIFICATE

Alvarado Jonathan P 1 SD3
 LAST NAME FIRST NAME (M.I.) TYPE AIRCRAFT

Position: Captain First Officer Instructor Pilot Check Airman (circle appropriate)

DATE	IP INITIALS	ACTUAL HOURS	SUBJECT/LESSON	INIT	DIFF	UPGR	RECU	RQUL	IP/CA
OPERATOR SPECIFIC									
			Policies & Procedures	1.0					
7/11	MRM	.5	Weather/ Meteorology	1.0		X			
7/11		.5	Electronic Flight Bag	1.0					
7/11		1.0	Navigation & ATC	1.5					
7/11		.5	Emergencies (not A/C)	1.0					
7/11		.5	Route/Airport Qualifications	0.5					
7/12		1.5	FAR's (61, 91, 135) NTSB	2.0					
7/12		1.5	Ops Manual & Ops Specs	3.0					
7/12		1.0	Hazardous Materials	2.0					
7/11-12		3.0	Flight Planning	3.0					
7/12		1.0	UPS/DHL Cust/TFSSP	2.5				1hr. req.	
7/12	↓	2.0	Crew Resource Management	2.0		↓			
7/12	↓	1.0	Extended Over-water	1.5		↓			

AIRCRAFT									
7/13	MRM	1.0	Lesson 1: Airframe	2.0		X			
7/14		.5	Lesson 2: Flight Controls	1.0					
7/13		3.0	Lesson 3: Hydraulics	2.0					
7/13		1.5	Lesson 4: Electrical	3.0					
7/14		.5	Lesson 5: Fire Protection	0.5					
7/13		1.0	Lesson 6: Air Conditioning	1.0					
7/14		.5	Lesson 7: Smoke Detection	0.5					
7/14		2.0	Lesson 8: Weather Protection	2.0					
7/14		.5	Lesson 9: Instruments/Avionics	0.5					
7/14		.5	Lesson 10: Emergency Equip	0.5					
7/13		1.5	Lesson 11: Fuel System	2.0					
7/14		3.0	Lesson 12: Engines	4.0					
7/14	↓	.5	Lesson 12: (Con't) Perf. Charts	1.0		↓			
7/15	↓	5.0	SUBJECT REVIEW	@req		↓			

DIFFERENCES									
			SD3 to -30 or -60			3.0			
			SD3-30 to SD3-RCD			2.0			
				20.0		15.0	5.0	4.0-10.0	

7/15/2016 35.0

DATE COMPLETED TOTAL HOURS
 I VERIFY THE ABOVE TRAINING HAS BEEN COMPLETED:

I CERTIFY THAT THE ABOVE NAMED STUDENT HAS PROGRESSED SATISFACTORILY:

[Redacted Signature Area] [Redacted Printed Name Area]

I.P. signature / Printed Name

SD3 GROUND TRAINING RECORD AND CERTIFICATE

Alvarado Jonathan P / SD-3
 LAST NAME FIRST NAME (M.I.) TYPE AIRCRAFT

Position: Captain First Officer Instructor Pilot Check Airman (circle appropriate)

DATE	IP INITIALS	ACTUAL HOURS	SUBJECT/LESSON	INIT	DIFF	UPGR	RECU	RQUL	IP/CA
OPERATOR SPECIFIC									
			Policies & Procedures	1.0					
			Weather/ Meteorology	1.0					
			Electronic Flight Bag	1.0					
			Navigation & ATC	1.5					
			Emergencies (not A/C)	1.0					
			Route/Airport Qualifications	0.5					
			FAR's (61, 91, 135) NTSB	2.0					
			Ops Manual & Ops Specs	3.0					
6/21/16	JG	1.5	Hazardous Materials	2.0			X		
			Flight Planning	3.0					
6/21/16	JG	1.0	UPS/DHL Cust/TFSSP	2.5			1hr. req. X		
			Crew Resource Management	2.0					
			Extended Over-water	1.5					
AIRCRAFT									
			Lesson 1: Airframe	2.0					
			Lesson 2: Flight Controls	1.0					
			Lesson 3: Hydraulics	2.0					
			Lesson 4: Electrical	3.0					
			Lesson 5: Fire Protection	0.5					
			Lesson 6: Air Conditioning	1.0					
			Lesson 7: Smoke Detection	0.5					
			Lesson 8: Weather Protection	2.0					
			Lesson 9: Instruments/Avionics	0.5					
			Lesson 10: Emergency Equip	0.5					
			Lesson 11: Fuel System	2.0					
			Lesson 12: Engines	4.0					
			Lesson 12: (Con't) Perf. Charts	1.0					
			SUBJECT REVIEW	@req					
DIFFERENCES									
			SD3 to -30 or -60			3.0			
			SD3-30 to SD3-RCD			2.0			
				20.0		15.0	5.0	4.0-10.0	

6/21/16 1.5
 DATE COMPLETED TOTAL HOURS

I VERIFY THE ABOVE TRAINING HAS BEEN COMPLETED:

I CERTIFY THAT THE ABOVE NAMED STUDENT HAS PROGRESSED SATISFACTORILY:



I.P. signature / Printed Name

1067

Hazardous Materials Test Answer Sheet

Name: Jonathan Alvarado

Date: 7/11/16

A Hazardous material is defined as -

materials that are dangerous or pose
an ~~in~~ Risk to Safety, property or Health in commerce

Multiple Choice (circle correct answer):

- 1) A B C D
- 2) A B C D
- 3) A B C D
- 4) A B C D
- 5) A B C D

True/False (circle correct answer):

- 1) TRUE FALSE
- 2) TRUE FALSE
- 3) TRUE FALSE
- 4) TRUE FALSE
- 5) TRUE FALSE
- 6) TRUE FALSE
- 7) TRUE FALSE
- 8) TRUE FALSE
- 9) TRUE FALSE
- 10) TRUE FALSE

*All incorrect answers must be corrected to 100% with company instructor or check airman.

Flight Training Record and Certificate

Alvarado Jonathan 1 Regulation 1 SD360
 Last Name First Name Type Training Type Aircraft

Date	A/C or Sim#	Block Time	General	1	2	3	4	5	6
7/25/16	567AC	0.9	Equipment Exam	S					
X. [REDACTED]	[REDACTED]	[REDACTED]	Preflight Inspection	S					
			Power plant Checks	S					
			Taxiing	S					
I.P. Signature [REDACTED] Lesson 1			Takeoffs						
Date	A/C or Sim#	Block Time	Normal	S					
			Instrument	S					
			Rejected Takeoff	S					
I.P. Signature [REDACTED] Lesson 2			Simulated Power plant Failure	S					
Date	A/C or Sim #	Block Time	In Flight Maneuvers						
			Specific Flight Characteristics	S					
			Steep Turns	S					
			Approach to Stalls	S					
I.P. Signature [REDACTED] Lesson 3			Powerplant Failures	S					
Date	A/C or Sim #	Block Time	Landings						
			Normal	S					
			Crosswind	S					
			From an ILS	S					
I.P. Signature [REDACTED] Lesson 4			With Simulated Powerplant Failure	S					
Date	A/C or Sim #	Block Time	Rejected Landing	S					
			From Circling Approach	S					
			Emergencies						
I.P. Signature [REDACTED] Lesson 5			Normal & Abnormal Procedures	S					
Date	A/C or Sim #	Block Time	Emergency Procedures	S					
			Instrument Procedures						
			Area Arrival	S					
			Area Departures	S					
			Holding	S					
I.P. Signature [REDACTED] Lesson 6			NDB Navigation	S					
			Instrument Approaches						
Grading D= Demonstrated S= Satisfactory			VOR	S					
			LOC	S					
			ILS	S					
			NDB	S					
			ILS/PRM	S					
			Other (specify)	S					
			Circling	S					
			Missed	S					
			Contact	S					
Time from previous page			General						
Time from this page			Comm. & Nav Procedures	S					
			Judgement	S					
Date Completed	Total Time	Cre	[REDACTED]						
I verify the above flight training has been completed:			[REDACTED]						
This is to certify that the above pilot has progressed satisfactorily and is recommended for a flight check:			[REDACTED]						

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 213

Revision 33
Date: 05/01/11
Chapter: 9
Page: 16

Air Cargo Carriers, Inc. Form 8410-3		Airman Competency Checks FAR 135	
PIC <input checked="" type="checkbox"/>	SIC <input type="checkbox"/>	Location <i>KCEW</i>	Date of Check (Zulu) <i>18 Jan 2017</i>
Name of Airman (Last, First, Middle Initial) <i>Alvarado, Jonathan P</i>		Type of Check: 135.293(a) () 135.297 (X)	135.293(b) () 135.299 ()
Pilot Certificate Information:	Grade: [Redacted] Number: [Redacted]	Medical Information: Date of Exam: <i>23 May 2016</i>	
Based At: (Airport Identifier) <i>KCEW</i>	Date of Birth: [Redacted]	Class: <i>Second</i>	
Name of Check Airman: (Print) <i>Trinson Beardner</i>	Lock Time <i>1.7</i>	Type of Airplane (Make, Model): <i>SD3-60</i>	N Number or Sim. Number: <i>N564AC</i>
Flight Maneuvers Grade (S- Satisfactory, U- Unsatisfactory)			
	A/C	Sim	
Preflight		Instrument Procedures	
Equipment Exam (Oral or Written)	<i>S</i>	Area Departure	<i>S</i>
Preflight Inspection	<i>S</i>	Holding	<i>S</i>
Taxiing	<i>S</i>	Area Arrival	<i>S</i>
Powerplant Checks	<i>S</i>	Instrument Approaches	
Takeoffs		ILS	<i>S</i>
Normal	<i>S</i>	VOR	<i>S</i>
Inst. Lower Than Standard RVR 500	<i>S</i>	LOC	<i>S</i>
Crosswind	<i>S</i>	Other (specify) <i>ILS</i>	<i>S</i>
With Simulated Powerplant Failure	<i>S</i>	Circling Approaches	<i>S</i>
Rejected Takeoff	<i>S</i>	Missed Approaches	<i>S</i>
Inflight Maneuvers		Comm./ Nav. Procedures	<i>S</i>
Steep Turns	<i>S</i>	General	
Approaches to Stalls	<i>S</i>	Judgment	<i>S</i>
Unusual Attitudes	<i>S</i>	Crew Coordination	<i>S</i>
Powerplant Failure	<i>S</i>	Captain Seat Dependent on .293 only	<i>-</i>
Landings		Demonstrated Current Knowledge FAR 135.293(a) Make/ Model listed Above Expires: (12 Months) ()	
Normal	<i>S</i>	Demonstrated Competency FAR 135.293(b) Make/ Model listed Above Expires: (12 Months) ()	
From an ILS	<i>S</i>	Satisfactorily Demonstrated IFR Proficiency FAR 135.297 Expires: (6 Months) (<i>07/2017</i>)	
Crosswind	<i>S</i>	Satisfactorily Demonstrated Line Checks FAR 135.299 Expires: (12 Months) ()	
With Simulated Powerplant Failure	<i>S</i>		
Rejected Landing	<i>S</i>		
From Circling Approach	<i>S</i>		
Emergencies		Remarks: <i>Recheck steep turns</i>	
Normal and Abnormal Procedures	<i>S</i>		
Emergency Procedures	<i>S</i>		
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/ District Office	FAA Inspector's Signature:	

Distribution: Original (Airman's file) Copy 1, MKE FSDO, Copy 2, Airman, Copy 3 Check Airman's File

Air Cargo Carriers, Inc. Form 8410-3		Airman Competency Checks FAR 135		
PIC <input checked="" type="checkbox"/>	SIC <input type="checkbox"/>	Location <i>MKE-ENW</i>	Date of Check (Zulu) <i>07/25/2016</i>	
Name of Airman (Last, First, Middle Initial) <i>Alvarado, Jonathan, P</i>		Type of Check: 135.293(a) () 135.293(b) () 135.297 () 135.299 (X)		
Pilot Certificate Information:	Grade: <i>ATP</i>	Medical Information: Date of Exam: <i>06/23/2016</i>		
	Number: [REDACTED]	Date of Birth: [REDACTED]	Class: <i>Second</i>	
Based At: (Airport Identifier) <i>MKE</i>		Type of Airplane (Make, Model): <i>SP3-60</i>	N Number or Sim. Number: <i>567AC</i>	
Name of Check Airman: (Print) <i>Matthew [REDACTED]</i>		Signature of Check Airman [REDACTED]	Block Time <i>0.4</i>	
Flight Maneuvers Grade (S- Satisfactory, U- Unsatisfactory)				
	A/C	Sim		
Preflight		Instrument Procedures		
Equipment Exam. (Oral or Written)	<i>S</i>		Area Departure <i>S</i>	
Preflight Inspection	<i>S</i>		Holding <i>S</i>	
Taxiing	<i>S</i>		Area Arrival <i>S</i>	
Powerplant Checks	<i>S</i>		Instrument Approaches	
Takeoffs		ILS	<i>S</i>	
Normal	<i>S</i>	VOR	<i>S</i>	
Inst. Lower Than Standard RVR 500	<i>S</i>	LOC	<i>S</i>	
Crosswind	<i>S</i>	Other (specify)	<i>S</i>	
With Simulated Powerplant Failure	<i>S</i>	Circling Approaches	<i>S</i>	
Rejected Takeoff	<i>S</i>	Missed Approaches	<i>S</i>	
Inflight Maneuvers		Comm./ Nav. Procedures	<i>S</i>	
Steep Turns	<i>S</i>	General		
Approaches to Stalls	<i>S</i>	Judgment	<i>S</i>	
Unusual Attitudes	<i>S</i>	Crew Coordination	<i>S</i>	
Powerplant Failure	<i>S</i>	Captain Seat Dependent on .293 only	<i>S</i>	
Landings		Demonstrated Current Knowledge FAR 135.293(a) Make/ Model listed Above Expires: (12 Months) ()		
Normal	<i>S</i>	Demonstrated Competency FAR 135.293(b) Make/ Model listed Above Expires: (12 Months) ()		
From an ILS	<i>S</i>	Satisfactorily Demonstrated IFR Proficiency FAR 135.297 Expires: (6 Months) ()		
Crosswind	<i>S</i>	Satisfactorily Demonstrated Line Checks FAR 135.299 Expires: (12 Months) (<i>07/2017</i>)		
With Simulated Powerplant Failure	<i>S</i>			
Rejected Landing	<i>S</i>			
From Circling Approach	<i>S</i>			
Emergencies		Remarks:		
Normal and Abnormal Procedures	<i>S</i>			
Emergency Procedures	<i>S</i>			
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/ District Office	FAA Inspector's Signature:		

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION <i>MKE</i>	DATE OF CHECK <i>07-25-2016</i>	
NAME OF AIRMAN (last, first, middle initial) <i>ALVARADO JONATHAN P.</i>				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input checked="" type="checkbox"/> FAR 135.299 <input type="checkbox"/>		
PILOT CERTIFICATION INFORMATION: Grade <i>COMMERCIAL</i> Num <i>[REDACTED]</i>		MEDICAL INFORMATION Date of Exam: <i>06-23-2016</i> Date of Birth <i>[REDACTED]</i> Class: <i>SECOND</i>				
EMPLOYED BY <i>AIR CARGO CARRIERS LLC</i>		BASED AT (City, State) <i>MILWAUKEE, WI</i>		TYPE AIRPLANE (Make/Model) <i>50-3-360</i>		
NAME OF CHECK AIRMAN		SIG. OF CHECK AIRMAN		Simulator/Training Device (Make/Model)		
				FLIGHT TIME <i>0.6</i> <i>NUSSAN</i>		
MANEUVERS/PROCEDURES GRADE (S-Satisfactory U-Unsatisfactory)						
PILOT						
	Air-craft	Simu-lator	Trng. Dev.	Air-craft	Simu-lator	Trng. Dev.
PREFLIGHT			HELICOPTER			
1. Equipment Examination (Oral or Written)		<i>N/A</i>		1. Ground and/or Air Taxi		
2. Preflight Inspection	<i>S</i>			2. Hovering Maneuvers		
3. Taxiing	<i>S</i>			3. Normal & Crosswind T.O. & Landing		
4. Powerplant checks	<i>S</i>			4. High Altitude Takeoffs & Landings		
TAKEOFFS			SEAPLANE OPERATIONS			
5. Normal	<i>S</i>			1. Taxiing, Sailing, Docking		
6. Instrument	<i>N/A</i>			2. Step Taxi & Turn		
7. Crosswind	<i>S</i>			3. Glassy/Rough Water T.O./Landings		
8. With Simulated Powerplant Failure	<i>S</i>			4. Normal Takeoff & Landings		
9. Rejected Takeoff	<i>N/A</i>			5. Crosswind T.O. & Landings		
INFLIGHT MANEUVERS			OTHER			
10. Steep Turns	<i>N/A</i>			6. Ski Plane Ops. (when applicable)		
11. Approach to Stalls	<i>N/A</i>			GENERAL		
12. Specific Flight Characteristics	<i>N/A</i>			7. Judgment	<i>S</i>	
13. Powerplant Failure	<i>S</i>			8. Crew Coordination	<i>S</i>	
LANDINGS			AIRMAN COMPETENCY INFORMATION:			
14. Normal	<i>N/A</i>			Demonstrated Current Knowledge FAR 135.293(a)		
15. From an ILS	<i>N/A</i>			Make/Model Expires <i>07-31-2017</i> (12 months) <i>RPW</i>		
16. Crosswind	<i>S</i>			Demonstrated Competency FAR 135.293(b)		
17. With Simulated Powerplant(s) Failure	<i>S</i>			Make/Model Expires <i>07-31-2017</i> (12 months) <i>RPW</i>		
18. Rejected Landing	<i>S</i>			Satisfactory Demonstrated Line Checks		
19. From Circling Approach	<i>N/A</i>			FAR 135.299 Expires <i>N/A</i> (12 months) <i>N/A</i>		
EMERGENCIES			Satisfactory Demonstrated IFR Proficiency			
20. Normal and Abnormal Procedures	<i>S</i>			FAR 135.297 Expires <i>01-31-2017</i> (6 months) <i>RPW</i>		
21. Emergency Procedures	<i>S</i>			Use of Autopilot <input type="checkbox"/> (is) <input type="checkbox"/> (is not) authorized		
INSTRUMENT PROCEDURES			Expires <i>N/A</i> (12 months) <i>N/A</i>			
22. Area Departure	<i>S</i>			REMARKS <i>RECHECK OF MANEUVERS</i>		
23. Holding	<i>N/A</i>			<i>FOUND TO BE UNSAT. DURING</i>		
24. Area Arrival	<i>N/A</i>			<i>CHECK DATED 07-22-2016.</i>		
25. ILS Approaches	<i>S</i>			<i>ORAL ACCOMPLISHED 07-21-2016</i>		
26. Other Instrument Approaches	<i>N/A</i>			CHECK AIRMAN'S PERFORMANCE (FAA Only) <i>N/A</i> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Approaches: NDB/ADF	<i>N/A</i>					
VOR	<i>N/A</i>					
ILS	<i>S</i>					
Other (Specify)	<i>N/A</i>					
27. Circling Approaches	<i>N/A</i>					
28. Missed Approaches	<i>S</i>					
29. Comm./Nav. Procedures	<i>S</i>					
30. Use of Auto. Pilot	<i>N/A</i>					
RESULT OF CHECK	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			FAA INSPECTOR'S SIGNATURE		
REGION <i>AGC</i>	DISTRICT OFFICE <i>MKE FSDO 66-13</i>			<i>[REDACTED]</i>		

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION <i>CGA</i>	DATE OF CHECK <i>07-21-2016</i>	
NAME OF AIRMAN (last, first, middle initial) <i>ALVARADO, JONATHAN P.</i>				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input checked="" type="checkbox"/> FAR 135.299 <input type="checkbox"/>		
PILOT CERTIFICATION INFORMATION: Grade <i>COMMERCIAL</i> Number [REDACTED]		MEDICAL INFORMATION Date of Exam: <i>06-23-2016</i> Date of Birth: [REDACTED] Class: <i>SECOND</i>				
EMPLOYED BY <i>AIR CARGO CARRIERS, LLC</i>		BASED AT (City, State) <i>MILWAUKEE, WI</i>		TYPE AIRPLANE (Make/Model) Simulator/Training Device (Make/Model) <i>TD-3-360</i>		
NAME OF CHECK AIRMAN		SIG. OF CHECK AIRMAN		FLIGHT TIME <i>2.4</i> <i>Sim. #292</i>		
MANEUVERS/PROCEDURES GRADE (S-Satisfactory U-Unsatisfactory)						
PILOT			HELICOPTER			
	Air-craft	Simu-lator	Trng. Dev.	Air-craft	Simu-lator	Trng. Dev.
PREFLIGHT			HELICOPTER			
1. Equipment Examination (<i>Oral or Written</i>)		<i>S</i>		1. Ground and/or Air Taxi		
2. Preflight Inspection		<i>S</i>		2. Hovering Maneuvers		
3. Taxiing		<i>S</i>		3. Normal & Crosswind T.O. & Landing		
4. Powerplant checks		<i>S</i>		4. High Altitude Takeoffs & Landings		
TAKEOFFS			SEAPLANE OPERATIONS			
5. Normal		<i>S</i>		1. Taxiing, Sailing, Docking		
6. Instrument		<i>S</i>		2. Step Taxi & Turn		
7. Crosswind		<i>S</i>		3. Glassy/Rough Water T.O./Landings		
8. With Simulated Powerplant Failure		<i>S</i>		4. Normal Takeoff & Landings		
9. Rejected Takeoff		<i>S</i>		5. Crosswind T.O. & Landings		
INFLIGHT MANEUVERS			OTHER			
10. Steep Turns		<i>S</i>		6. Ski Plane Ops. (when applicable)		
11. Approach to Stalls		<i>S</i>		GENERAL		
12. Specific Flight Characteristics		<i>N/A</i>		7. Judgment	<i>ADW</i>	<i>U</i>
13. Powerplant Failure		<i>S</i>		8. Crew Coordination	<i>ADW</i>	<i>S</i>
LANDINGS			AIRMAN COMPETENCY INFORMATION:			
14. Normal		<i>S</i>		Demonstrated Current Knowledge FAR 135.293(a)		
15. From an ILS		<i>S</i>		Make/Model Expires <i>07-31-2017</i> (12 months)	<i>ADW</i>	
16. Crosswind		<i>S</i>		Demonstrated Competency FAR 135.293(b)		
17. With Simulated Powerplant(s) Failure		<i>S</i>		Make/Model Expires <i>N/A</i> (12 months)	<i>N/A</i>	
18. Rejected Landing		<i>S</i>		Satisfactory Demonstrated Line Checks		
19. From Circling Approach		<i>S</i>		FAR 135.299 Expires <i>N/A</i> (12 months)	<i>N/A</i>	
EMERGENCIES			Satisfactory Demonstrated IFR Proficiency			
20. Normal and Abnormal Procedures		<i>S</i>		FAR 135.297 Expires <i>N/A</i> (6 months)	<i>N/A</i>	
21. Emergency Procedures		<i>U</i>		Use of Autopilot <input type="checkbox"/> (is) <input type="checkbox"/> (is not) authorized		
INSTRUMENT PROCEDURES			Expires <i>N/A</i> (12 months)			
22. Area Departure		<i>S</i>		REMARKS		
23. Holding		<i>S</i>		<i>FLIGHT CHECK PORTION CONDUCTED 07-22-2016. SEAF DEPENDENT CHECK NOT CONDUCTED.</i>		
24. Area Arrival		<i>S</i>				
25. ILS Approaches		<i>U</i>				
26. Other Instrument Approaches		<i>S</i>				
Approaches: NDB/ADF		<i>N/A</i>				
VOR		<i>S</i>				
ILS		<i>U</i>				
Other (Specify) <i>LOC</i>		<i>S</i>				
27. Circling Approaches		<i>S</i>				
28. Missed Approaches		<i>U</i>				
29. Comm./Nav. Procedures		<i>S</i>				
30. Use of Auto. Pilot		<i>N/A</i>				
RESULT OF CHECK <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	CHECK AIRMAN'S PERFORMANCE (FAA Only) <i>N/A</i>			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
REGION <i>AGL</i>	DISTRICT OFFICE <i>MILKFS00 GL-13</i>					

100%

12-5 Standard Security Program
Test and Answer Sheet for Air Cargo Carriers.

Name: Jonathan Alvarado

Date: 7/11/18

- 1. A B C
- 2. A B C
- 3. A B C
- 4. A B C
- 5. A B C
- 6. A B C
- 7. A B C
- 8. A B C
- 9. A B C
- 10. A B C
- 11. A B C
- 12. A B C
- 13. A B C
- 14. A B C
- 15. A B C

Test Results: Number Incorrect 0

1 Incorrect = 93%

2 Incorrect = 86%

3 or more Incorrect = Below 85%

1-2 Wrong. Qualified and review incorrect answers () check after review

3 or more incorrect. Disqualified and repeat entire training program


Sensitive Security Information


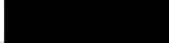
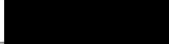
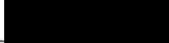
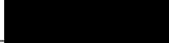
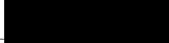
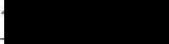
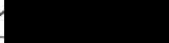
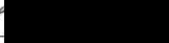
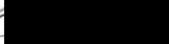
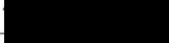
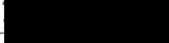
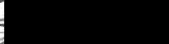
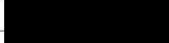
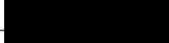
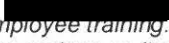


United Parcel Service Co. (UPS Airlines)
 Authorized Representative Written Instructions (SFAC)
 Employee Annual Recurrent Training Record

Attachment 2

I have been advised and fully understand my security responsibilities under the current TSA Full All-Cargo Aircraft Operator Standard Security Program (FACAOSSP).

Printed Name of Employee: Jonathan Alvarado
 Signed Name of Employee: 
 Date: 05/25/2015 Job Function: Pilot

Sec	Security Topics	Covered (Initial below)
	Sensitive Security Information – SSI	
I.	Cargo Acceptance	
II.	Load Verification	
III.	Access to Cargo / Facilities	
IV.	Ground Transportation	
V.	Training	
VI.	Background Investigations	
VII.	Aircraft Search	
VIII.	Emergency Notification	
IX.	Notification of TSA Visit/Inspection	
X.	Bomb Threat Notification	
XI.	Personal Identification Media Requirements	
XII.	Challenge Procedures	
XIII.	Individual Accountability	
XIV.	Reporting Suspicious Activity	
XV.	Sub-Contracted Ground Handlers	

Attachment 2 may be used by the Authorized Representative to document employee training. The Authorized Representatives may use their own form for training documentation as long as it contains the above security topics and requirements. Training records must be kept on file by the Authorized Representative and are subject to inspection by the Transportation Security Administration and UPS Airlines.

WARNING - This record contains Sensitive Security Information that is controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. 552 and 49 CFR parts 15 and 1520



Acknowledgement Page

"I have read and understand the information concerning the FedEx Express Authorized Representative Security Instructions. I will implement these requirements on behalf of FedEx Express. Further, I understand that any intentional falsification of certifications made to an air carrier under this security program may subject the Authorized Representative Company and its employees to both civil and criminal penalties under 49 CFR parts 15 and 1520, in addition to those penalties that may arise as a result of violations of this security program."


Company Name: AIR Cargo Carriers LLC

Type of Service Provided for FedEx: Feeder Pilot

Company Address: 

City: milwaukee State: WI Country: USA

Zip Code: 53207

Phone Number: 

Fax Number: () - - - - -

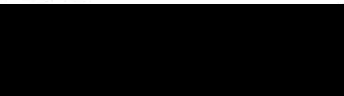
Authorized Representative's Printed or Typed First and Last Name / Job Title:

Jonathan Alvarado Title: _____

Email and/or Web address: _____

Authorized Agent's Signature: 

Date: 05/25/2015
month / day / year

FedEx Point of Contact: 
The FedEx employee responsible for contracting the services provided

CERTIFICATE OF SELF-TRAINING.

I Jonathan Alvarado have reviewed and
(Print Name)
understand DHL Express "Indirect Air Carrier Security Instructions to Third-
Party Cargo Feeder Airlines". This document contains 6 pages, including this
page.

[Redacted Signature]

Signature

5/25/15
Date

When complete FAX document to;

[Redacted Address]

Attn: Training Department.



Transportation
Security
Administration

**NON-DISCLOSURE AGREEMENT
FOR ACCESS TO SENSITIVE SECURITY INFORMATION
CONTAINED IN THE TWELVE-FIVE SECURITY PROGRAM (TFSSP)
AND SECURITY DIRECTIVES ISSUED TO THIS CLASS OF AIRCRAFT OPERATOR**

I understand that the Twelve-Five Security Program and any issued Security Directives have been designated as sensitive security information (SSI) as defined in 49 CFR 1520 and that under no circumstances is this information releasable to anyone without the express written permission of the Under Secretary of Transportation for Security. I also understand that I am being granted access to information containing SSI in my official capacity only, and I further understand that such information must be protected against unauthorized disclosure. I certify by signing below that I fully understand that I will receive information both verbally and in writing that is covered by 49 CFR Part 1520 restrictions.

I acknowledge that I have been provided a copy of 49 CFR 1520. This regulation pertains to the "Protection of Security Sensitive Information." Accordingly, I agree not to discuss SSI relating to the Twelve-Five Security Program and any Security Directives issued to this class of aircraft operator with anyone who is not authorized to have access to that SSI information. Furthermore, I agree to protect all documents and notes containing SSI relating to this subject from access by anyone who has not been authorized access regardless of who created the information and the medium used to transmit and receive it.

I fully understand that this privilege only extends while I am employed in my official capacity with this aircraft operator and may be withdrawn at any time if I do not comply with this agreement. I also understand that I am obligated to immediately notify this aircraft operator's PSI when my job function changes and I no longer have an operational need for this SSI or when I am no longer employed by this aircraft operator.

[Redacted Signature] Signature

Tara Khan Akbar Print Name

PILOT _____ Official Corporate Title

Air Cargo Carriers, LLC. Company Name as it appears on your FAA certificate

DATA119D Company's FAA Certificate Number

N/A Other company names used (dba)

05/25/2015 _____ Date

14 CFR 135.63(a)(4)(ix)

Employee Release Form

Employee Name: Jonathan Alvarado

List any action taken concerning the pilot's release from employment for physical or professional disqualification.

Action:

Date: _____