NATIONAL TRANSPORTATION SAFETY BOARD

Office of Aviation Safety
Washington, D.C. 20594

December 30, 2017

Attachment 6: First Officer's Pilot File and Training Records
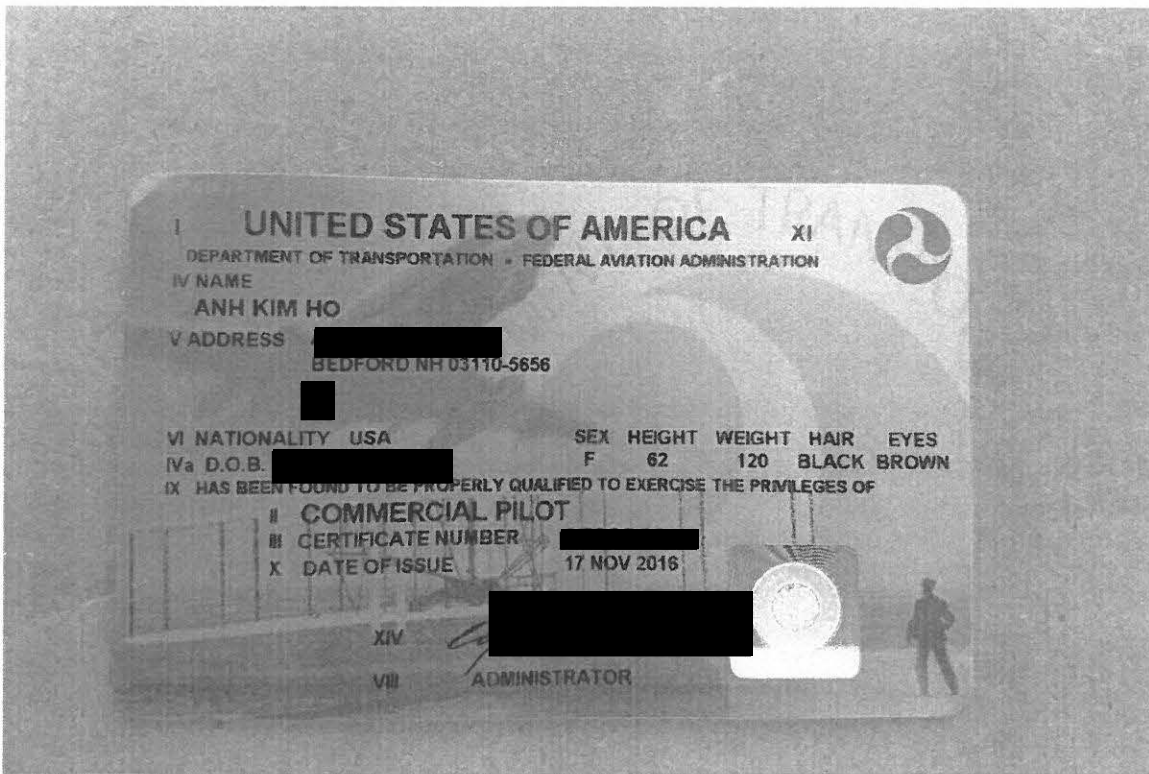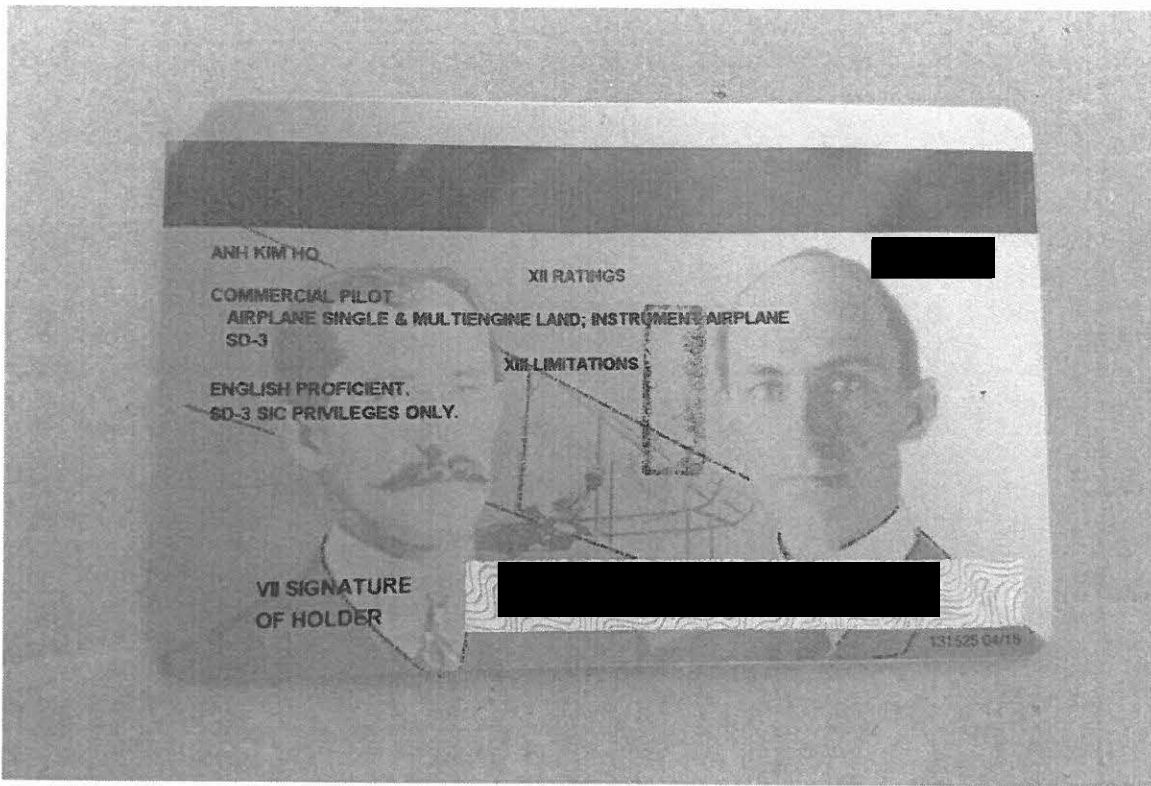
OPERATIONAL FACTORS

DCA17FA109

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 201

Revision 29
Date: 11/20/09
Chapter: 9
Page: 3

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

Pilot's Folder

Pilot's Full Name

Anh	Kim	Ho
First	Middle	Last

Place of Birth ___Dalat_____Vietnam_____
City   State   Country

ANH KIM HO

COMMERCIAL PILOT
  AIRPLANE SINGLE & MULTIENGINE LAND; INSTRUMENT AIRPLANE
SD-3

ENGLISH PROFICIENT.
SD-3 SIC PRIVILEGES ONLY.

XII RATINGS

XIII LIMITATIONS

VII SIGNATURE
OF HOLDER

131525 04/18

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

I

XI

IV NAME
  ANH KIM HO
V ADDRESS
  BEDFORD NH 03110-5656

VI NATIONALITY	USA	SEX	HEIGHT	WEIGHT	HAIR	EYES
IVa D.O.B.		F	62	120	BLACK	BROWN

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

II COMMERCIAL PILOT
III CERTIFICATE NUMBER
X DATE OF ISSUE   17 NOV 2016

XIV

VIII ADMINISTRATOR

We the People

Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
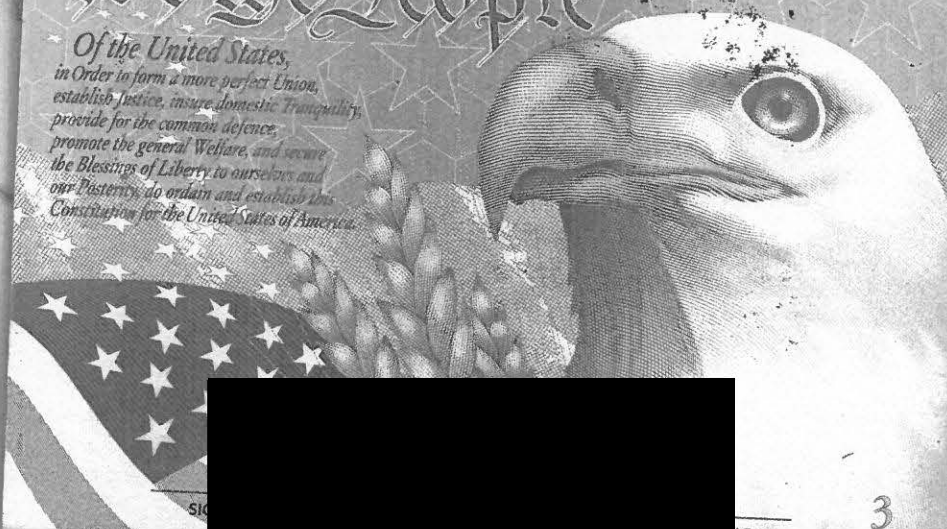
3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo   Code / Code / Código   Passport No. / No. du passeport / No. de pasaporte
P   USA

Surname / Nom / Apellidos
HO

Given Names / Prénoms / Nombres
ANH KIM

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of Birth / Lieu de naissance / Lugar de nacimiento
VIETNAM

Date of issue / Date de délivrance / Fecha de expedición
02 Dec 2013

Date of expiration / Date d'expiration / Fecha de caducidad
01 Dec 2023

Sex / Sexe / Sexo
F

Authority / Autorité / Autoridad
United States
Department of State

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51

USA

P<U

505

NEW HAMPSHIRE

OPR

OPERATOR

16. Hgt: 62 in
17. Wt: 120
18. Eye: BRO
19. Hair: BLK
15. Sex: F

3. DOB:
4b. Exp: /2019

DUPLICATE

BEDFORD NH 031105668

NH
USA

Serial Number	Grant Date	Expiration Date		File Number	Print Date	Effective Date
RR00117365	12-17-2015				12-17-2015	12-17-2015

THIS LICENSE IS NOT TRANSFERABLE

Date of Birth	FCC Registration Number (FRN)
██████	██████

Special Conditions / Endorsements:
NONE

HO, ANH
██████████████
BEDFORD, NH 03110

Restricted Radiotelephone Operator Permit

FCC 605-FRC - May 2007

FEDERAL COMMUNICATIONS COMMISSION

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that *(Full name and address):*

ANH HO

████████████████████

Bedford NH 03110 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
██████	61	118	BLACK	BROWN	F

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

Limitations

Must wear corrective lenses.

████████████

Examiner

Date of Examination
12/21/2016

Examiner's Designation No.
000████████

Signature ████████████████

Typed Name
JOSEPH MATUSIC JR, MD

A ████████████████████

████ 2001934774   Control No. 200007600699

FAA Form 8500-9   (3-12) Supersedes Previous Edition

NSN: 0052-00-670-7002

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 203

Revision 38
Date: 11/15/12
Chapter: 9
Page: 5

14 CFR 135.63 (a)(4)(i-iii)
Pilot Aeronautical Experience
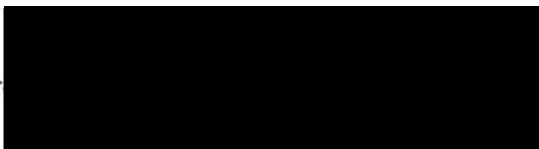
Full Name: __Anh kim Ho__   Certificate #: ██████████

Type	PIC Minimum Hours	SIC Minimum Hours	Total Flying To Date		
Multi-Engine	10	10	19		
Single- Engine			299.8		
Turbine			∅		
Instrument in Aircraft	50		71.7		
Sim. Instrument	25 (max)		∅		
Total Instrument	75	40	71.7		
Flight Instructor			∅	Total Commercial Flying from Jan.1	Total Commercial Flying Current Calendar Month
Cross Country	500	50	115.3		
Night	100	5	9.2		
Total Flight Hours	1200	250	318.8	∅	∅
SD3 SIC		∅		SD3 PIC	∅

	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?		✓
Have you logged at least 1,000 hours in two different MEL turbo-prop airplanes?		✓
Have you ever been appointed by the U.S. Armed Forces as pilot in command of a MEL turbo-prop airplane?		✓
Have you logged at least 500 hours in SD-3 airplanes?		✓
Have you logged at least 2,000 hours flight time, of which at least 500 hours were in MEL turbine-powered airplanes?		✓

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 Signatur ██████████   Date: __9/11/16__

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 210

Revision 29
Date: 11/20/09
Chapter: 9
Page: 12

14 CFR 135.63(a)(4)(x)
Training Completion
Historical Record- Do Not Remove!

Crewmember Name: _____Anh Kim Ho_____

Date	New Hire Initial	Differences	Transition	Upgrade	Recurrent	Re-qualify
9.26.16	SD3-60					
11.17.16		SD3-30				
11.17.16		SD3-RCD				

Notes:
1. New Hire Initial, includes initial aircraft
2. In blocks under type of training, list type of aircraft
3. Hazardous Materials training is included in New Hire Initial or under Recurrent Training.

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 211

Revision 40
Date: 03/28/14
Chapter: 9
Page: 13

SD3 GROUND TRAINING RECORD AND CERTIFICATE

Ho	Anh	K	/	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						
			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						
			Hazardous Materials	2.0						
			Flight Planning	3.0						
			UPS/DHL Cust/TFSSP	2.5				1hr. req.		
			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							
11/17	MRM	3.0	SD3 to –30 or –60		X	3.0				
11/17	MRM	2.0	SD3-30 to SD3-RCD		X	2.0				
				20.0			15.0	5.0	4.0-10.0	

11/17/2016	5.0
DATE COMPLETED	TOTAL HOURS

I VERIFY THE ABOVE TRAINING HAS BEEN COMPLETED:

I CERTIFY THAT THE ABOVE NAMED STUDENT HAS PROGRESSED SATISFACTORILY:

_____ / _atthew R. Mattison_
I.P. signature   /   Printed Name

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 211

Revision 40
Date: 03/28/14
Chapter: 9
Page: 13

SD3 GROUND TRAINING RECORD AND CERTIFICATE

Ho	Anh	K	/	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							
9/8-9	LPM	10.0	Policies & Procedures	X	1.0					
9/14	MRM	1.0	Weather/ Meteorology		1.0					
9/19	MRM	1.0	Electronic Flight Bag		1.0					
9/14	MRM	1.5	Navigation & ATC		1.5					
9/14	MRM	1.0	Emergencies (not A/C)		1.0					
9/14	MRM	1.0	Route/Airport Qualifications		0.5					
9/12	MRM	4.0	FAR's (61, 91, 135) NTSB		2.0					
9/12-13	MRM	8.0	Ops Manual & Ops Specs		3.0					
9/13	MRM	2.0	Hazardous Materials		2.0					
9/15	MRM	5.0	Flight Planning		3.0					
9/15	MRM	3.0	UPS/DHL Cust/TFSSP		2.5			1hr. req.		
9/16	MRM	2.0	Crew Resource Management		2.0					
9/14	MRM	1.5	Extended Over-water		1.5					
			AIRCRAFT							
9/19	MRM	2.0	Lesson 1: Airframe	X	2.0					
9/19	MRM	1.0	Lesson 2: Flight Controls		1.0					
9/21	MRM	5.0	Lesson 3: Hydraulics		2.0					
9/20	MRM	4.0	Lesson 4: Electrical		3.0					
9/20	MRM	1.0	Lesson 5: Fire Protection		0.5					
9/19	MRM	1.0	Lesson 6: Air Conditioning		1.0					
9/20	MRM	1.0	Lesson 7: Smoke Detection		0.5					
9/21	MRM	2.5	Lesson 8: Weather Protection		2.0					
9/22	MRM	1.0	Lesson 9: Instruments/Avionics		0.5					
9/20	MRM	1.0	Lesson 10: Emergency Equip		0.5					
9/19	MRM	2.0	Lesson 11: Fuel System		2.0					
9/22	MRM	4.0	Lesson 12: Engines		4.0					
9/22	MRM	1.0	Lesson 12: (Con't) Perf. Charts		1.0					
9/26	DAK	8.0	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	

09/26/2016	75.5
DATE COMPLETED	TOTAL HOURS

I VERIFY THE ABOVE TRAINING HAS BEEN COMPLETED:

I CERTIFY THAT THE ABOVE NAMED STUDENT HAS PROGRESSED SATISFACTORILY:

atthew R. Mattison

I.P. signature	/	Printed Name

100%

Hazardous Materials Test Answer Sheet

Name: Anh Ho   Date: 9/13/16

A Hazardous material is defined as –

Material that is deemed capable of posing unreasonable risk to health & safety when transported 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.

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 212

Revision 35
Date: 12/15/11
Chapter: 9
Page: 14

Flight Training Record and Certificate

Ho	Anh	/ Initial	/ SD3-60
Last Name	First Name	Type Training	Type Aircraft

Date	A/C or Sim#	Block Time	General	1	2	3	4	5	6	
11/13/16	FAA 292	2.0	Equipment Exam	S	—	S	—	—	—	
			Preflight Inspection	S	—	S	—	—	—	
X.			Power plant Checks	S	—	S	—	—	—	
I.P Signature		Lesson 1	Taxiing	S	S	S	S	S	S	
Date	A/C or Sim#	Block Time	**Takeoffs**							
11/13/16	FAA 292	2.0	Normal	—	S	S	—	—	S	
			Instrument	—	—	—	—	S	S	LM
			Rejected Takeoff	—	—	S	—	S	S	LM
I.P Signature		Lesson 2	Simulated Power plant Failure	—	—	S	—	S	S	LM
Date	A/C or Sim #	Block Time	**In Flight Maneuvers**							
11/14/16	FAA292	2.0	Specific Flight Characteristics	—	D	S	—	—	—	
			Steep Turns	—	D	S	—	—	S	
			Approach to Stalls	—	D	S	—	—	S	
I.P Sig...n 3			Powerplant Failures	—	—	—	—	—	S	
Date		Time	**Landings**							
11/14/16	FAA292	2.0	Normal	—	D	S	—	—	S	
			Crosswind	—	—	S	—	—	S	
			From an ILS	—	—	S	—	—	S	
I.P Signature		Lesson 4	With Simulated Powerplant Failure	—	—	S	—	—	S	
Date	A/C or Sim #	Block Time	Rejected Landing	—	—	S	—	—	S	
11/15/16	FAA 292	1.0	From Circling Approach	—	—	S	—	—	S	
			Emergencies							
			Normal & Abnormal Procedures	S	—	S	S	S	S	
I.P Signature		Lesson 5	Emergency Procedures	S	—	S	S	—	S	
Date	A/C or Sim #	Block Time	**Instrument Procedures**							
11/15/16	FAA292	3.0	Area Arrival	—	S	S	—	—	S	
			Area Departures	—	S	S	—	—	S	
			Holding	—	D	S	—	—	S	
I.P			NDB Navigation	—	—	—	—	—	S	
			Instrument Approaches							
			VOR	—	—	S	—	—	S	
Grading			LOC	—	—	—	—	—	S	
			ILS	—	D	S	—	S	S	LM
D= Demonstrated			NDB	—	—	—	—	—	—	
S= Satisfactory			ILS/PRM	—	—	—	—	—	S	I
			Other (specify)	—	—	—	—	—	—	
			Circling	—	—	S	—	—	S	LM
			Missed	—	D	S	—	S	S	LM
Time from previous page			Contact	—	—	—	—	—	—	
Time from this page			**General**							
11/15/2016		12.0	Comm. & Nav Procedures	S	S	S	S	S	S	
			Judgement	S	D	S	S	S	S	
Date Completed		**Total Time**	Crew Coordination	D	D	S	S	S	S	

I verify the above flight training has been completed:

This is to certify that the above pilot has progressed satisfactorily and is recommended for a flight check:

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 206

Revision 29
Date: 11/20/09
Chapter: 9
Page: 8

14 CFR 135.63 (a)(4)(vi)
Competency Tests and Checks
Historical Record- Do Not Remove!
Insert Form 8410-3 (Following)

Crewmember Name: _____Anh Kim Ho_____

Date of Check ride	Type Training	Results		14 CFR 135				Aircraft Make & Model
		Sat	Unsat	.293(a)	.293(b)	.297	.299	
11.16.16	I	✓		✓	✓			SD3-60
11.17.16	D	✓		✓				SD3-30
11.17.16	D	✓		✓				SD3-RCD

Note:
1. Type Training are: **I**= Initial, **R**= Recurrent, **D**= Difference, **U**=Upgrade, **RQ**= Requalification, **T**=Transition.
2. Indicate results and type of 135 event(s) by a check mark (√).

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 217

Revision 37
Date: 04/27/12
Chapter: 9
Page: 20

Supplemental to FAA Form 8410-3

Date: _11/17/2016_

Name: _Anh K Ito_ has demonstrated satisfactory knowledge of the subject areas required by FAR 135.293 (a)(2) and (3) in the following aircraft:

_SD3-30_
Aircraft

Expires: _11/30/2017_

This authorization is based on a flight test on _11/16/16_ in the _SD3-60_ type aircraft,
(date)

Check Airman: ███████████████████   ███████████████████
Print   Signature

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 217

Revision 37
Date: 04/27/12
Chapter: 9
Page: 20

Supplemental to FAA Form 8410-3

Date: _11/17/2016_

Name: _Anh K Ho_ has demonstrated satisfactory knowledge of the subject areas required by FAR 135.293 (a)(2) and (3) in the following aircraft:

SD3-RCD
Aircraft

Expires: _11/30/2017_

This authorization is based on a flight test on _11/16/16_ in the _SD3-60_ type aircraft,
(date)

Check Airman: _Matthew R. Mattison_
Print

Signature

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 ☐ SIC ☒			Location **LGA - JFK**	Date of Check (Zulu) **11/16/2016**	
Name of Airman (Last, First, Middle Initial) **Ho, Anh, K**			Type of Check: 135.293(a) (☒) 135.293(b) (☒) 135.297 ( ) 135.299 ( )		
Pilot Certificate Information:	Grade: **Commercial** Num		Medical Information: Date of Exam: **12/23/2015**		
			Date of B███████	Class: **First**	
Based At: (Airport Identifier) **MKE**			Type of Airplane (Make, Model):	**SD3-60**	
			N Number or Sim. Number:	**FAA292**	
Name of Check Airman: (Print) **Matthew R. Mattison**	Signature of Check Airman ███████			Block Time **1.7**	

Flight Maneuvers Grade (S- Satisfactory, U- Unsatisfactory)

	A/C	Sim		A/C	Sim
Preflight			**Instrument Procedures**		
Equipment Exam. (Oral or Written)		S	Area Departure		S
Preflight Inspection		S	Holding		S
Taxiing		S	Area Arrival		S
Powerplant Checks		S	**Instrument Approaches**		
Takeoffs			ILS		S
Normal		S	VOR		S
Inst. Lower Than Standard RVR 500		S	LOC		S
Crosswind		S	Other (specify) SE ILS		S
With Simulated Powerplant Failure		S	Circling Approaches		S
Rejected Takeoff		S	Missed Approaches		S
Inflight Maneuvers			Comm./ Nav. Procedures		S
Steep Turns		S	**General**		
Approaches to Stalls		S	Judgment		S
Unusual Attitudes		S	Crew Coordination		S
Powerplant Failure		N/A	Captain Seat Dependent on .293 only		N/A
			Demonstrated Current Knowledge FAR 135.293(a) Make/ Model listed Above Expires: (12 Months) (10/2017)		
Landings			Demonstrated Competency FAR 135.293(b) Make/ Model listed Above Expires: (12 Months) (10/2017)		
Normal		S			
From an ILS		S			
Crosswind		S	Satisfactorily Demonstrated IFR Proficiency FAR 135.297 Expires: (6 Months) ( )		
With Simulated Powerplant Failure		S			
Rejected Landing		S	Satisfactorily Demonstrated Line Checks FAR 135.299 Expires: (12 Months) ( )		
From Circling Approach		S			
Emergencies			Remarks: 293(a) portion completed in MKE on 10/5/2016		
Normal and Abnormal Procedures		S			
Emergency Procedures		S			
Result of Check:	☒ Approved [ ] Disapproved				
Check Airman's Performance (FAA only) [ ] Satisfactory [ ] 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, LLC
PILOT TRAINING PROGRAM
FORM 204

Revision 29
Date: 11/20/09
Chapter: 9
Page: 6

14 CFR 135.63 (a)(4)(iv)

Pilot Current Duties and Date's Assigned

Crewmember Name: _____Anh Kim Ho_____

Type Aircraft	Date Assigned (Chk. 8410)	P.I.C. (Check)	S.I.C (Check)	I.P. (Check) Gnd.	I.P. (Check) Flt.	C.P. (Check) A/C	C.P. (Check) Sim.	Date Unassigned
SD 3	11.17.16		✓					

Note: (Check) referrers to a Check mark (√)

93 correcteb to 100%

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

Name: __Anh Ho__   Date: __9/15/16__

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)
X 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 __1__

1 Incorrect = 93%   2 Incorrect = 86%   3 or more Incorrect= Below 85%

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

3 or more incorrect. Disqualified and repeat entire training program

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.

_____Signature

____Anh Ho_____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)

___9/15/16____Date

These procedures apply at all UPS locations serviced.

UPSCo (UPS Airlines)
Contracted Agent 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: _____

Signed Name of Employee ███████████████

Date: __9/15/16__   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.	Transportation Security	██
V.	Training	██
VI.	Background Checks	██
VII.	Aircraft Search	██
VIII.	Notification of TSA Visits	██
IX.	Bomb Threat Notification	██
X.	Personnel Identification Media Requirements	██
XI.	Challenge Procedures	██
XII.	Individual Accountability	██
XIII.	Reporting Suspicious Activity	██

Attachment 2 may be used by the Contracted Agent to document employee training. The Contracted Agents 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 Contracted Agent and are subject to inspection by the Transportation Security Administration and UPS.

Revised 07/11/11

CERTIFICATE OF SELF-TRAINING.

I _____ Anh Ho _____ 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.

██████████████████████████   9/15/16
Signature   Date

When complete FAX document to:

███████████████

Attn: Training Department.

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."
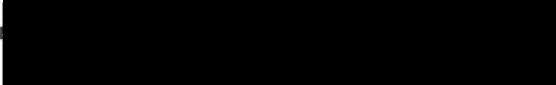
Company Name: ___Air Cargo Carriers___

Type of Service Provided for FedEx: ___Feeder Pilot___

Company Address: ███████████████████████

City: ___Milwaukee___ State: ___WI___ Country: ___USA___
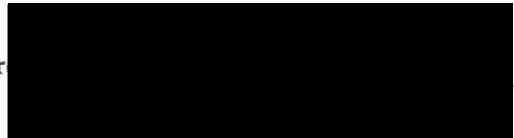
Zip Code: ___53207___

Phone Number ███████████████████████

Fax Number: (__ __ __) __ __ __ - __ __ __ __

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

___Anh Ho___ Title: ___Pilot___

Email and/or Web address: _____/_____

Authorized Agent's Signature ███████████████████████

Date: ___09___/___15___/___2016___
       mm / dd / y y y y

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

AIR CARGO CARRIERS, LLC
PILOT TRAINING PROGRAM
FORM 209

Revision 29
Date: 11/20/09
Chapter: 9
Page: 11

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

Employee Release Form

Employee Name: _____ Anh Kim Ho _____

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

Action:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____