

Subj: **FW: Resume**
Date: 3/12/03 2:48:05 PM Eastern Standard Time
From: [REDACTED]
To: [REDACTED]
Sent from the Internet (Details)

MEETS SC.
with looking?
Contracting Agency? L-1
ACFTS/line's/voice - NO.
TRM CONTRACT
COM/INST - YES.
Hotel reserved - etc.

-----Original Message-----
From: bob [REDACTED]
Sent: Wednesday, March 12, 2003 1:33 PM
To: [REDACTED]
Subject: Resume

Hotel - ok

[REDACTED]
Millington, TN 38083

Phone [REDACTED]
Fax [REDACTED]
E-mail [REDACTED]

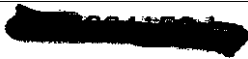
Bob
Robert Giard

Objective To utilize my skills as a professional helicopter pilot.

Employment

Jan 2002 - Aug 2002	Air-evac Lifeteam	West Plains, MO	2002
EMS pilot Responsible for hospital transport and emergency services.			
March 2001 - Sept 2001	Papillon Grand Canyon Helicopters	Tusayan, AZ	2001
Line pilot Part 135 scenic tours and charter			
Feb 2000 - Feb 2001	Helicopter Flight inc.	Minneapolis, MN	R-44
ENG pilot In charge of flight operations and electronic news gathering for ABC news, Channel 24 in Memphis, TN. <i>R-44 on 2006</i>			
Sept 1998 - Jan 2000	Green River Aviation	Keene, NH	R22-44
Flight instructor Responsible for training students for private and commercial rotorcraft ratings.			
April 1997 - Sept 1998	Northeast Helicopters	Ellington, CT	R22-44
Flight training Private, Commercial and CFI ratings.			
Nov 2001 - Dec 2001	Hummingbird Helicopter Service	Yalesville, CT	
Flight training / Part time instructor Instrument rating.			

R22-44



References

Mr. Miles Dunagan Bobby Labonte Enterprises
Mr. Chuck Rush Chief Pilot, Papillon Helicopters
Mr. Paul Stutsman Check airman, Air- evac



**Summary of
qualifications**

Flight Experience

Bell 407 - 5 hrs Bell 206L-1 - 500 hrs Robinson R-44 - 500
hrs R-22 - 1050 hrs
Total Night - 230 hrs Total Instrument - 48 hrs (hooded)

MED-TRANS CORP

Annual Pilot Resume

Name: Robert A Giard
Address: _____

Phone: _____
Birthdate: _____
Certificate No. _____
Social Security No. _____

FAA PILOT CERTIFICATES			
Private.....	A	<input type="checkbox"/>	RH <input checked="" type="checkbox"/>
Commercial.....	A	<input type="checkbox"/>	RH <input checked="" type="checkbox"/>
ATP.....	A	<input type="checkbox"/>	RH <input type="checkbox"/>
Flight Instructor...	A	<input type="checkbox"/>	RH <input checked="" type="checkbox"/>

FAA PART 135 CERTIFICATES			
ASEL.....		<input type="checkbox"/>	
AMEL.....		<input type="checkbox"/>	
ASES.....		<input type="checkbox"/>	
AMES.....		<input type="checkbox"/>	
Instrument.....	A	<input type="checkbox"/>	RH <input checked="" type="checkbox"/>
CFIL.....	A	<input type="checkbox"/>	RH <input type="checkbox"/>

Date Issued: 9/18/03 **Class:** 2
Wavier (if none, Write none): None
No Waivers

Flight Time Summary					
Total Time	2133.2	Helicopter	2133.2	Airplane	0
Total P.I.C	2069	P.I.C	2069	P.I.C	0
Night	252.3	Muti-Engine	0	Muti-Engine	0
X-Country	1315.7	Instrument	47.6	Instrument	0
Instruction	776	Turbine	595	Turbine	0
		Mountain	344	Sea-Plane	0
		External Load	0		
		OffShore	0		

MTC Program Location Spartanburg SC **Duty Title:** Pilot

<u>Initial Training</u>	Make / Model Bell 407	DATE: 4/15/03	Instructor: Don Savage
<u>135 Check Ride</u>	Make / Model Bell 407	DATE: 5/1/03	Examiner: Bert Levesque

Hot Refueling Training **DATE:** N/A

Authorizations: **Company Instructor**
Flight _____ **DATE:** _____
Ground _____ **DATE:** _____

Pilot signature: Robert A Giard

DATE: 11/24/03

MED-TRANS CORP

USAIG Pilot Record

Name: Robert Giard

Address: [REDACTED] 36

Birthdate: [REDACTED]

Certificate No.: [REDACTED]

Social Security No.: [REDACTED]

Occupation: Pilot

Employer: Med-Trans Corp

Marital Status:

Date Issued: 9/18/03 **Class:** 2

Wavler (if none, Write none): None

YEAR OBTAINED	
Student.....	19 96
Private.....	19 96
Commercial.....	19 98
ATP.....	19
Flight Instructor.....	19 98
YEAR OBTAINED	
ASEL.....	19
AMEL.....	19
ASES.....	19
AMES.....	19
INSTRUMENT.....	2001.....

Year of first SOLO flight: 1996 **Type rated in following aircraft:** Rotocraft/ Helicopter

Describe Flight Training (School, Location, Equipment, Instructor, etc.) Northeast Helicopters inc. Hangar Two, Ellington CT

5 - Robinson R-22 1 - Robinson R-44 2 - Bell 206 B 1 - MD 500D

Date of last Biennial Flight Review or Equivalent: 5/1/03

Do you participate in FAA Pilot Proficiency Award Program? NO YES

Yes. If "Yes", what phase have you Completed ? I II III IV V

For what type A/C ? Helicopter

Refresher / Transition Course: Describe and give dates of last course attended:

04/15/03 - 05/01/03 Med- Trans Corp, Bell 407 training course. 05/01/03 Bell 407 FAR 135 check ride 08/28/03 Med-Trans Corp recurrent training

Supervisor or Instructor: Don Savage Chief Pilot Med-Trans Corp

Do you hold a current FSI Pro Card or Simuflite Card ? NO YES

Aircraft	Hours	Time	Time	Time	Time
Robinson R-22	1094.8	0	0	46.6	79
Robinson R-44	443.4	0	0	0	96.8
BH-206	530	0	0	2.0 Hooded	42.5
MD-500	5	0	0	0	0
BH-407	60	57	15	1 Hooded	30.9

Please explain fully any "Yes" answers to the following questions on reverse side.

- As pilot -in-command or as co-pilot have you had or been involved in any aircraft accident?
- As pilot -in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations?
- Has your automobile drivers license ever been suspended or revoked?
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?
- Have you had automobile accidents within the last five years?

<input checked="" type="checkbox"/> No	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> No	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> No	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> No	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> No	<input type="checkbox"/> YES

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld

Date: 11/24/03

Signed: Robert A Giard
(Pilot's Personal Signature Required)

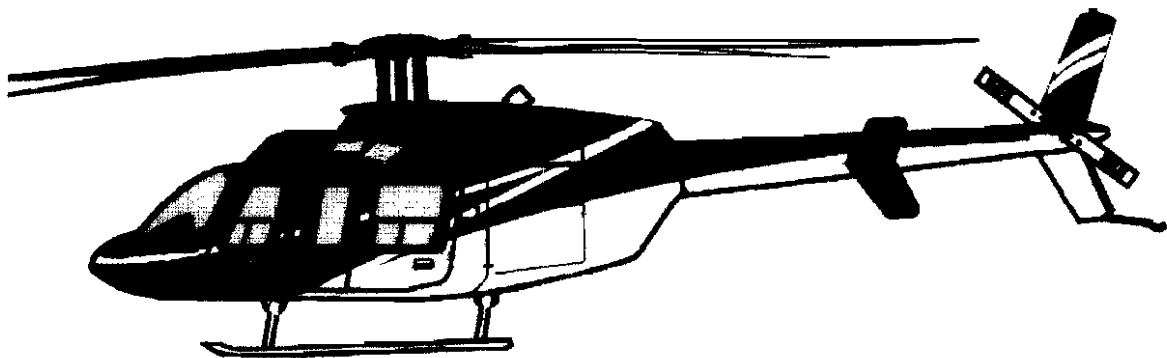
This pilot record is filed in connection with the Insurance Application of :

Robert A Giard

MTC

INITIAL/NEW HIRE

TRAINING AND INFORMATION



PILOT ANNUAL RESUME

Name: Guard Robert A
(last) (first) (middle)

Date: 4/1/03

Based At: Regional-1

Pilot Certificate: Commercial ATP

Certificate Number: [REDACTED]

Address: [REDACTED]

City: Millington

State: TN ZIP: [REDACTED]

Home Phone: [REDACTED]

SSN: [REDACTED]

DOB: [REDACTED]

Ratings: Commercial HSEL HMEL A/H INST ASEL A/H ATP
CFI CFII Other: instrument helicopter

Medical: Class I II Date issued: [REDACTED]

Due Date: [REDACTED]

FLIGHT TIME SUMMARY

A. Total Time: 2081.1 B. X-Country: 1269.9 C. Instrument: 47.6
HSEL: 2081.1 Night X-C: ? Actual:
HMEL: Total Night: 245.4 Simulator:
Helo-turbine: 470.3 Hood: 47.6

D. Airplane - ASEL: AMEL A-turbine

FLIGHT DUTY ASSIGNMENT

Initial Training Received: JUN-03 [Signature]

Hot Refuel Training: 06-03

NOTE: Shall be completed by Director of Operations or Chief Pilot

<u>Make/Model</u>	<u>Duty Position</u>	<u>Signature</u>	<u>Date</u>
Bell / 206 L AS355 <u>1B407</u>	PIC <input type="checkbox"/> SIC <input type="checkbox"/> PIC <input type="checkbox"/> SIC <input type="checkbox"/> PIC <input checked="" type="checkbox"/> SIC <input type="checkbox"/>	<u>[Signature]</u>	<u>06-04-03</u>

AUTHORIZATIONS: Instructor HSEL: Flight Ground Date:

NOTE: Updated annually in the month your proficiency check is due.

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135		LOCATION Spartanburg, SC	DATE OF CHECK 04-27-2004
NAME OF AIRMAN (last, first, middle initial) Giard, Robert A		TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input checked="" type="checkbox"/>	
LOT CERTIFICATION INFORMATION: Grade COM Number [REDACTED]	MEDICAL INFORMATION: Date of Exam. 09-18-2003		
EMPLOYED BY: Med-Trans Corporation	BASED AT (City, State) Tucson, AZ	Date of Birth [REDACTED]	Class II
NAME OF CHECK AIRMAN Bert Levesque	SIG. OF CHECK AIRMAN [REDACTED]	TYPE OF AIRPLANE (Make/Model) Bell 407	Simulator/Training Device (Make/Model)
		FLIGHT TIME 9	N63744
FLIGHT MANEUVERS GRADE (S - Satisfactory U - Unsatisfactory)			
PILOT		Air-craft	Simu-lator
PREFLIGHT		Trng. Dev.	
1. Equipment Examination (Oral or Written)		S	
2. Preflight Inspection		S	
3. Taxiing			
4. Powerplant Checks			
TAKEOFFS			
5. Normal			
6. Instrument			
7. Crosswind			
8. With Simulated Powerplant Failure			
9. Rejected Takeoff			
INFLIGHT MANEUVERS			
10. Steep Turns			
11. Approaches to Stalls			
12. Specific Flight Characteristics			
13. Powerplant Failure			
LANDINGS			
Normal			
15. From an ILS			
16. Crosswind			
17. With Simulated Powerplant(s) Failure			
18. Rejected Landing			
19. From Circling Approach			
EMERGENCIES			
20. Normal and Abnormal Procedures		S	
21. Emergency Procedures		S	
INSTRUMENT PROCEDURES			
22. Area Departure			
23. Holding			
24. Area Arrival			
25. ILS Approaches			
26. Other Instrument Approaches			
Approaches: NDB/ADF			
VOR			
ILS			
Other (Specify)			
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	DISTRICT OFFICE	FAA INSPECTOR'S SIGNATURE	
		REMARKS "MAY" Base Month	

MED-TRANS CORPORATION
HELICOPTER OPERATIONS TRAINING MANUAL

CHAPTER 26
DATE: 05/31/95
PAGE 5 OF 9

RECORD OF FLIGHT TRAINING

NAME: ROBERT GIARD CERT. NO.: [REDACTED]

PROFICIENCY MONTH: _____ TYPE CERT: COMM. ATP []

USER CODES: CODES CAN BE COMBINED ON EACH TRAINING PHASE.

- [N] - New Hire [T] - Transition [IE] - Initial Equip.
- [U] - Upgrade [H] - Hood [CA] - Check Airman
- [N] - Night [R] - Recurrent [IN] - Instructor
- [D] - Day

Don SAVAGE
Don SAVAGE
Don SAVAGE
D. SAVAGE
D. SAVAGE
D. SAVAGE
D. SAVAGE
D. SAVAGE

DATE	CODES	FLT TIME	N NUMBER	AREAS COVERED
4/15/03	NH D	1.0 D	20643	INITIAL NEW-HIRE FLT TNG IAW CH 12 MED-TRANS TNG MANUAL.
4/14/03	NH D	1.3 D	20643	" " " "
4/17/03	NH D H	0.9 D / 0.2 H	20643	" " " "
4/18/03	NH D	1.0 D	20643	" " " "
4/19/03	NH D N	0.6 D / 1.2 N	20643	" " " "
4/20/03	NH N	0.4 N	20643	" " " "
8/28/03	R D H	1.1 D / 0.2 H	503 AT	RECURRENT FLT TNG IAW CH 12 MED-TRANS TNG MANUAL.

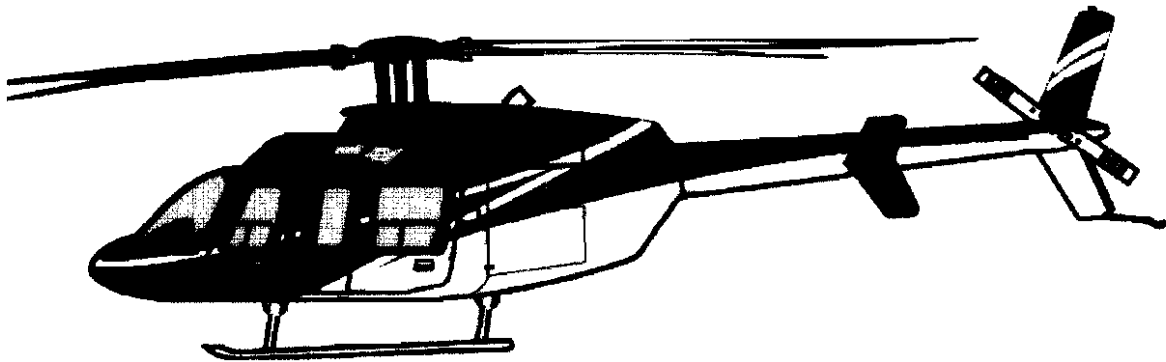
SINGLE LINE RECORD ENTRY
GROUND TRAINING

BOB GIARD

TRAINING	DATE	INITIALS	HRS
ALL SUBJECTS LISTED IN CH. 2 - "INITIAL NEW HIRE GND TRNG" OR THE MED-TRANS TNS MANUAL	4/15-	---	---
HAVE BEEN COMPLETED. TRAINING WAS CONDUCTED THRU GUIDED STUDY & VALIDATED BY WRITTEN TESTS.	4/17/03	LBH	16+
ALL SUBJECTS LISTED IN CH. 3 - "INITIAL NEW HIRE ACFT GND TRAINING - BELL 407"	4/18-	---	---
CONDUCTED IAW THE MED-TRANS TNS MANUAL.	4/19/03	LRO	10+
BELL 407 FINAL EXAM	4/18/03	LBH	1

MTC

*RECURRENT
TRAINING*



MED-TRANS CORPORATION
HELICOPTER OPERATIONS TRAINING MANUAL

CHAPTER 26
DATE: 05/31/95
PAGE 5 OF 9

RECORD OF FLIGHT TRAINING

NAME: ROBERT SIARD CERT. NO.: [REDACTED]

PROFICIENCY MONTH: MAY TYPE CERT: COMM. ATP []

USER CODES: CODES CAN BE COMBINED ON EACH TRAINING PHASE.

- [N] - New Hire [T] - Transition [IE] - Initial Equip.
- [U] - Upgrade [H] - Hood [CA] - Check Airman
- [N] - Night [R] - Recurrent [IN] - Instructor
- [D] - Day

Jo. SAVAGE
Jo. SAVAGE
Jo. SAVAGE
D. SAVAGE
D. SAVAGE
D. SAVAGE
D. SAVAGE
D. SAVAGE

DATE	CODES	FLT TIME	N NUMBER	AREAS COVERED
4/15/03	NH D	1.00	20643	INITIAL NEW-HIRE FLT TNG IAW CH 12 MED-TRANS TNS MANUAL.
4/14/03	NH D	1.30	20643	" " " "
4/17/03	NH D	0.90/0.2H	20643	" " " "
4/18/03	NH D	1.00	20643	" " " "
4/19/03	NH D	0.60/1.2N	20643	" " " "
4/20/03	NH N	0.4N	20643	" " " "
8/28/03	R D	1.10/0.2H	503AT	RECURRENT FLT TNG IAW CH. 21 MED-TRANS TNS MANUAL.

MED-TRANS CORPORATION
HELICOPTER OPERATIONS TRAINING MANUAL

CHAPTER 26
DATE: 05/31/95
PAGE: 6 OF 9

BOB GIARD

SINGLE LINE RECORD ENTRY
GROUND TRAINING

TRAINING		DATE	INITIALS	HRS
<i>ALL SUBJECTS LISTED IN CH. 2 - "INITIAL NEW HERE AND TNS" OF THE MED-TRANS TNS MANUAL</i>	<i>NEW</i>	<i>4/15-</i>	<i>---</i>	<i>---</i>
<i>HAVE BEEN COMPLETED. TRAINING WAS CONDUCTED THRU GUIDED STUDY & VALIDATED BY WRITTEN TESTS.</i>		<i>4/17/03</i>	<i>LRG</i>	<i>16+</i>
<i>ALL SUBJECTS LISTED IN CH. 3 - "INITIAL NEW HERE ACFT GND TRAINING - BELL 407"</i>	<i>NEW</i>	<i>4/18-</i>	<i>---</i>	<i>---</i>
<i>CONDUCTED IAW THE MED-TRANS TNS MANUAL.</i>		<i>4/19/03</i>	<i>LRG</i>	<i>10+</i>
<i>BELL 407 FINAL EXAM</i>		<i>4/18/03</i>	<i>LRG</i>	<i>1</i>
<i>BELL 407 EMER PROC'S / LIMITS / FADEC</i>		<i>8/28/03</i>	<i>LRG</i>	<i>1</i>

PERSONNEL ROUTINE MAINTENANCE TRAINING RECORD

The following is a training form record to meet compliance with FAR 43.3 (h)1,2,3,4,5 . Specific items or functions (tasks) will be listed in detail. Each Item will be understood fully and then given a block of instruction on how to accomplish the task. It will be signed by both The instructor and pupil. The extent of training may contain as little as verbal instruction with no hands on, or it may entail full disassembly and assembly, removal or installation. What ever the case maybe, it is up to the learner to decide the level of training he or she chooses. (example Pilots with an A&P license may only require a talk through the procedure. etc.)

Date 11-12-03

Name Robert Guard Certificate # [REDACTED]

Instructor BRENNAN CARROLL Position BASE MECHANIC
(Instructor must be the Director of Maintenance or his appointee)

A/C model BELL 407 Engine Model RR 250-C47B

Complete Training that pertains to your base as instructed by the Director of Maintenance:

- 1) I have received training and am able to safely perform the task of adding lubrications (oils, hydrolic fluid etc) not requiring disassembly of other than removal nonstructural items such as cover plates, cowlings and fairings.

Pupil Robert Guard Instructor [REDACTED]

- 2) I have received training and am able to safely remove, inspect determine if its Go / No go and reinstall magnetic chip plugs. (electrical/non electrical)

Pupil Robert Guard Instructor [REDACTED]

- 3) I have received training and am able to safely replace bulbs, reflectors, and lenses of position, Auxiliary, flood, decal and landing lights.

Pupil Robert Guard Instructor [REDACTED]

5697
[REDACTED]
OPERATIONS MANUAL

PERSONNEL ROUTINE MAINTENACE TRAINING RECORD
-CONTINUED-

- 4) I have received training and am able to safely replace defective safety wire and cotter keys. Remove and install safety wire to perform a function that relates.

Pupil ~~Robert Smith~~ Instructor ~~[Signature]~~

- 5) I have received training and am able to safely perform the task of replacing side windows where the work does not interfere with the or any operating system.

Pupil ~~Robert Smith~~ Instructor ~~[Signature]~~

- 6) I have received training and am able safely remove and install batteries (not service them).

Pupil ~~Robert Smith~~ Instructor ~~[Signature]~~

- 7) I have received training and am able to replace seat belts or seats or seat parts with replacement parts approved for the aircraft, not involving any disassembly of any primary structure or operating system.

Pupil ~~Robert Smith~~ Instructor ~~[Signature]~~

- 8) I have received training and am able to safely replace or adjust nonstructural standard fasteners incidental to operations.

Pupil ~~Robert Smith~~ Instructor ~~[Signature]~~

- 9) I have received training and am able safely apply preservative or protective material to components where no disassembly of any primary structural or operating system is involved and where such coating is not prohibited or contrary to good practices.

Pupil ~~Robert Smith~~ Instructor ~~[Signature]~~

- 10) I have received and am able to replace any cowling not requiring removal of the propeller or disconnection of flight controls. Including installation of snow baffles.

Pupil ~~Robert Smith~~ Instructor ~~[Signature]~~

5-692
[Signature]
SUPERVISOR'S SIGNATURE

MED-TRANS CORPORATION
 TIME AND DUTY MONTHLY RECAP

Month: Jan-04

Pilot Name: Bob Giard

T	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	
I	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3
M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
															DUTY	FLT	TRN							

DATE																								
1																								
2																								
3									D	F	D	D	D	F	F	D	D	D	D			12.0	1.2	
4																								
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11																								
12																								
13																								
14									D	D	D	D	D	D	D	D	D	D	D			12.0		
15									D	D	D	D	D	D	D	D	D	D	D			12.0		
16									D	D	D	D	D	D	D	D	D	D	D			12.0		
17									D	D	D	D	D	F	F	F	D	D	D			12.0	1.9	
18									D	D	D	D	D	F	D	D	D	D	D			12.0	0.4	
19									D	D	D	D	D	D	D	D	D	D	D			12.0		
20									D	D	D	D	D	D	D	D	D	D	D			12.0		
21																								
22																								
23									D	F	D	D	D	D	D	D	D	D	D			12.0	0.7	
24																								
25																								
26																								
27																								
28									D	D	D	D	D	D	D	D	D	D	D			12.0		
29									D	F	D	D	D	D	D	D	D	D	F	F	F		12.0	3.4
30									D	F	F	D	D	D	D	D	D	D	D			12.0	0.6	
31									D	D	D	D	D	F	D	D	D	D	D			12.0	0.5	

TOTAL: 156.0 8.7 0.0
 Duty Fit TRN

KEY = Off Duty F = Flight Time R = Required Rest
 D = Duty Time C = Other Commercial T = Training
 Flying

REMARKS Brief explanation for duty days in excess of 12 hours, should be included here.

Late flight to MUSC

MED-TRANS CORPORATION
 TIME AND DUTY MONTHLY RECAP

Month: Feb-04

Pilot Name: Bob Giard

T	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2
I	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	
M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

DATE																								DUTY	FLT	TRN	
1									D	D	D	D	D	F	D	D	D	D	D					12.0	0.3		
2									D	D	D	D	D	D	D	D	D	F	D					12.0	0.6		
3									D	D	D	D	D	D	F	F	D	D	D					12.0	0.6		
4																											
5																											
6																											
7																											
8																											
9																											
10																											
11									D	D	D	D	D	F	D	D	D	D	D					12.0	0.6		
12									D	D	D	D	D	D	D	D	D	D	F					12.0	0.4		
13									D	D	D	D	D	D	D	F	D	D	D					12.0	0.5		
14									D	D	D	D	D	D	D	D	D	D	D					12.0			
15									D	D	D	F	D	D	D	D	D	D	D					12.0	0.2		
16									D	D	D	D	D	D	D	D	D	F	F					12.0	0.5		
17									D	D	D	D	D	D	D	D	D	D	D					12.0			
18																											
19																											
20																											
21																											
22																											
23																											
24																											
25									D	D	D	D	D	D	D	D	D	D	D					12.0			
26									D	D	D	D	D	D	D	D	D	D	D					12.0			
27																											
28																											
29																											
30																											
31																											

TOTAL: 144.0 3.7 0.0
 Duty Flt TRN

KEY = Off Duty F = Flight Time R = Required Rest
 D = Duty Time C = Other Commercial T = Training
 Flying

REMARKS Brief explanation for duty days in excess of 12 hours, should be included here.

**MED-TRANS CORPORATION
TIME AND DUTY MONTHLY RECAP**

Month: Mar-04

Pilot Name: Bob Giard

T	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2				
I	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3					
M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	DUTY	FLT	TRN	

DATE																												
1																												
2																												
3																												
4																												
5																												
6										D	D	D	D	D	D	D	F	D	F	F					12.0	1.0		
7										D	D	D	D	D	D	D	D	D	D	D					12.0			
8										D	D	D	D	D	D	D	D	D	D	D					12.0			
9										D	D	D	F	D	D	D	D	D	D	D					12.0	0.7		
10										D	D	D	D	D	D	D	D	D	D	D					12.0			
11										D	D	D	D	D	D	F	F	D	D	D					12.0	0.9		
12										D	D	F	D	D	D	F	D	D	D	D					12.0	0.9		
13										D	D	D	D	D	D	D	D	D	D	D					12.0			
14										D	D	D	D	F	F	D	D	D	F	D					12.0	0.9		
15										D	D	D	D	D	D	D	D	D	D	D					12.0			
16										D	D	D	D	D	D	F	D	D	D					12.0	0.6			
17																												
18																												
19																												
20																												
21																												
22																												
23																												
24										D	D	D	D	D	F	D	D	D	D	D					12.0	0.1		
25										D	D	D	D	F	D	D	D	D	D	D					12.0	0.5		
26										D	D	D	D	D	F	D	D	D	D	D					12.0	0.5		
27										D	D	D	D	D	F	D	F	F	D	D					12.0	1.5		
28										D	D	D	D	D	F	D	D	D	F	D					12.0	0.7		
29										D	D	D	D	D	D	D	D	D	D	D					12.0			
30										D	D	D	D	D	D	D	D	D	D	D					12.0			
31																												

TOTAL: 216.0 8.3 0.0
Duty Fit TRN

KEY = Off Duty F = Flight Time R = Required Rest
D = Duty Time C = Other Commercial T = Training
Flying

REMARKS Brief explanation for duty days in excess of 12 hours. should be included here.

MED-TRANS CORPORATION
TIME AND DUTY MONTHLY RECAP

Month: Apr-04

Pilot Name: Bob Gard

T I M E		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2					
		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3				
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	DUTY	FLT	TRN	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				

DATE																											
1																											
2																											
3																											
4																											
5																											
6																											
7										D	D	D	D	D	D	D	D	D	D	D							
8										D	D	D	D	D	F	D	D	F	D	D	D						
9										D	D	D	D	D	D	D	F	D	D	D							
10										D	D	D	D	D	D	F	D	D	D	D							
11										D	D	D	D	D	D	D	D	D	D	D							
12										D	D	D	D	D	D	D	D	D	D	D							
13										D	D	D	D	D	D	D	D	D	D	D							
14																											
15																											
16																											
17																											
18																											
19																											
20																											
21																											
22										D	D	D	D	D	D	F	D	D	D	D							
23										F	D	D	F	F	F	D	F	D	F	D	F						
24										D	D	D	D	D	D	D	D	D	F	D							
25										D	F	D	D	D	D	D	D	F	D	D							
26										D	D	D	D	F	F	D	D	D	D	D							
27										F	D	D	D	F	D	D	D	D	D	D							
28																											
29	D	D	D	D	D	D	D	D																			
30	D	F	D	F	D	D	D	D																			
31																											

TOTAL: 192.0 13.7 2.0
Duty Flt TRN

KEY = Off Duty F = Flight Time R = Required Rest
D = Duty Time C = Other Commercial Flying T = Training

REMARKS Brief explanation for duty days in excess of 12 hours, should be included here

04/23/04 Late flight to Charleston SC
04/27/04 135 Check Ride

MED-TRANS CORPORATION
 TIME AND DUTY MONTHLY RECAP

Month: May-04

Pilot Name: Bob Giard

T	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2
I	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	
M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

DUTY FLT TRN

DATE	D	D	D	D	D	D	D	D																					
1	D	D	D	D	D	D	D	D															12.0						
2																													
3																													
4																													
5																						D	D	D	D	12.0			
6	D	F	D	D	D	D	D	D														D	F	D	D	12.0	0.5		
7	D	D	D	F	D	D	D	D														D	D	D	D	12.0	0.8		
8	D	F	D	D	D	D	D	D														D	D	D	D	12.0	0.3		
9	D	D	D	D	D	D	D	D														D	D	D	D	12.0			
10	D	F	F	D	D	D	D	D														D	D	D	D	12.0	1.1		
11	D	D	D	D	D	D	D	D														D	D	D	D	12.0			
12	D	D	D	D	D	D	D	D																					
13																													
14																													
15																													
16																													
17																													
18																													
19									D	D	D	D	D	D	F	D	D	D	D							12.0	1.1		
20									D	F	D	D	D	F	D	F	D	D	D	D						12.0	1.1		
21									D	D	D	D	D	F	F	D	D	D	D	D						12.0	0.6		
22									D	D	D	D	D	D	D	D	D	D	D	D						12.0			
23									D	D	D	D	D	D	D	D	D	D	F	D						12.0	0.7		
24									D	F	F	D	D	F	F	D	D	D	F	F						12.0	3.8		
25									F	D	D	D	D	D	D	F	D	D	D							12.0	0.7		
26																													
27																													
28																													
29																													
30																							D	D	D	D			
31	D	D	D	D	D	D	D	D														D	F	F	F	12.0			

TOTAL: 192.0 10.7 0.0
 Duty Flt TRN

KEY = Off Duty F = Flight Time R = Required Rest
 D = Duty Time C = Other Commercial Flying T = Training

REMARKS Brief explanation for duty days in excess of 12 hours, should be included here.

MED-TRANS CORPORATION
 TIME AND DUTY MONTHLY RECAP

Month: Jun-04

Pilot Name: Bob Giard

T	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2
I	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	
M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

DUTY FLT TRN

DATE	F	D	D	D	D	D	D	D																	
1																							12.0	1.5	
2									D	D	F	D	D	D	D	D	D	D	D	D			12.0	0.4	
3									D	D	D	D	D	D	D	D	D	D	D	D			12.0		
4									D	D	D	D	D	D	D	D	D	D	D	D			12.0		
5									D	F	D	D	F	D	F	D	D	D	D	D			12.0	0.7	
6									D	D	D	D	F	D	D	D	D	D	D	D			12.0	0.6	
7									D	D	D	D	D	D	D	D	D	D	D	D			12.0		
8									D	D	D	D	D	D	D	D	D	F	D	D			12.0	0.3	
9									D	D	D	D	D	D	D	D	D	D	D	D			12.0		
10									D	D	D	D	D	F	F	F	F	F	D	D			12.0	2.7	
11									D	D	D	D	D	D	F	F	F	F	F	F			12.0	3.0	
12									D	D	D	D	F	F	D	D	D	D	D	D			12.0	0.8	
13									D	D	D	D	D	D	D	D	F	D	F				12.0	1.1	
14									D	D	D	D	D	D	D	F	D	D	D				12.0	0.5	
15									D	D	F	D	D	D	D	D	D	D	D	D			12.0	0.4	
16									D	D	D	D	D	D	D	D	D	F	D	D			12.0	0.1	
17									D	D	D	D	D	D	D	D	F	D	D				12.0	0.5	
18																									
19																									
20																									
21																									
22																									
23																									
24																						D	D	D	F
25	D	D	D	D	D	D	D	D														D	D	D	D
26	D	D	D	D	D	D	D	D														D	D	D	F
27	D	D	D	F	D	D	D	D														D	D	D	D
28	D	D	F	D	D	D	D	D														D	D	D	D
29	D	D	D	D	D	D	D	F														D	D	D	D
30	D	D	D	D	D	D	D	D														D	D	D	D
31	D	D	D	D	D	D	D	D																	12.0

TOTAL: 288.0 14.8 0.0
 Duty Flt TRN

KEY = Off Duty F = Flight Time R = Required Rest
 D = Duty Time C = Other Commercial T = Training
 Flying

REMARKS Brief explanation for duty days in excess of 12 hours. should be included here.

