SeaPort Airlines Juneau, AK July 17, 2015 ANC15FA049

NATIONAL TRANSPORTATION SAFETY BOARD WASHINGTON, D.C.

ATTACHMENT 11

Training Certificate Operations Personnel

3 Pages



TRAINING CERTIFICATE

OPERATIONS PERSONNEL

INITIAL, RECURRENT, & REQUALIFICATION GROUND TRAINING

OPERATIONS TRAINING

NAME: IM CUTUEL

CURRICULUM	SEGMENT	MODULE (if applicable)	TYPE OF TRAINING*	HOURS REQUIRED	HRS CMPLD	DATE COMPLETED	INSTRUCTOR; INSTRUCTOR'S SIGNATURE/REMARKS
OPERATIONS		DUTIES & RESPONSIBILITIES					
		GENERAL OPERATIONS MANUAL	_				,
PERSONNEL	GROUND	OPERATIONS SPECIFICATIONS	1		10.01	101-1-	0 11 -
	TRAINING	WEATHER	121TAL	TTP	10.0	104151151	SHAUN HEWITT
TRAINING		NOTAMS				" "	
		FLIGHT RISK ASSESSMENTS				,	

TTP: Train to Proficiency – No Minimum Training Time Required

ι την καιον	TRAINEE CERTIFICATION that the foregoing information is a true record of the training received. The training times, completion dates, and test results are correct to the best of gnature: Date: ()4 12	
and the	CERTIFICATION SIGNATURE that the foregoing information is a true record of the training given to the above-named individual. The results of this training were reviewed by me; ndividual possesses the knowledge for satisfactory completion of this training. The training times, completion dates, and test results are correct to the ny knowledge. Title: Diector of Completion Date: Dector of Completion	

^{*}Enter the appropriate Training Category: (INH=Initial; REC=Recurrent; REQ=Requalification)



TRAINING CERTIFICATE **OPERATIONS PERSONNEL**

INITIAL, RECURRENT, & REQUALIFICATION GROUND TRAINING

OPERATIONS TRAINING

NAME: CHRIS NILSEN

CURRICULUM	SEGMENT	MODULE (if applicable)	TYPE OF TRAINING*	HOURS REQUIRED	HRS CMPLD	DATE COMPLETED	CONTRACTOR AND	; INSTRUCTOR'S RE/REMARKS
OPERATIONS		DUTIES & RESPONSIBILITIES GENERAL OPERATIONS MANUAL						
PERSONNEL	GROUND TRAINING	OPERATIONS SPECIFICATIONS WEATHER	REC	ТТР	50	10/15/15	SHAUN	HEWITT
TRAINING	TRAINING	NOTAMS FLIGHT RISK ASSESSMENTS				10/13/10		

TRAINEE CERTIFICATION I certify that the foregoing information is a true record of the training received. The training times, completion dates, and test results are correct to the best of my knowledge. Pilot's Signature: Date: Date:
CERTIFICATION SIGNATURE I certify that the foregoing information is a true record of the training given to the above-named individual. The results of this training were reviewed by me; and the individual possesses the knowledge for satisfactory completion of this training. The training times, completion dates, and test results are correct to the best of my knowledge. Signature: Title: DRECTOR OF SOC Date: DY OB 15

TTP: Train to Proficiency – No Minimum Training Time Required
*Enter the appropriate Training Category: (INH=Initial; REC=Recurrent; REQ=Requalification)



TRAINING CERTIFICATE OPERATIONS PERSONNEL

INITIAL, RECURRENT, & REQUALIFICATION GROUND TRAINING

OPERATIONS TRAINING

NAME: JAMES MURAWSKI

CURRICULUM	SEGMENT	MODULE / (if applicable)	TYPE OF TRAINING*	HOURS REQUIRED	HRS CMPLD	DATE COMPLETED	INSTRUCTOR, INSTRUCTOR'S SIGNATURE/REMARKS
OPERATIONS		DUTIES & RESPONSIBILITIES					S TO THE TAKE PROPERTY AND AND A PARTY OF THE PROPERTY OF THE PARTY OF
		GENERAL OPERATIONS MANUAL]				
PERSONNEL	GROUND	OPERATIONS SPECIFICATIONS	1-			012	
	TRAINING	WEATHER	LNITIAL	TTP	10.0	019/18	SHAUN HEWITT
TRAINING		NOTAMS				-1-1	
1		FLIGHT RISK ASSESSMENTS	1				

TTP: Train to Proficiency - No Minimum Training Time Required

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CERTIFICATION SIGNATURE I certify that the foregoing information is a true record of the training given to the above-named individual. The results of this training were reviewed by me; and the individual possesses the knowledge for satisfactory completion of this training. The training times, completion dates, and test results are correct to the best of my knowledge. Signature: Title: Title:	

^{*}Enter the appropriate Training Category: (INH=Initial; REC=Recurrent; REQ=Requalification)