SeaPort Airlines
Juneau, AK
July 17, 2015
ANC15FA049

NATIONAL TRANSPORTATION SAFETY BOARD
WASHINGTON, D.C.

ATTACHMENT 11

Training Certificate Operations Personnel

3 Pages

SEA★PORT
AIRLINES

TRAINING CERTIFICATE
OPERATIONS PERSONNEL
INITIAL, RECURRENT, & REQUALIFICATION GROUND TRAINING
OPERATIONS TRAINING

NAME: Tim Cutler

CURRICULUM SEGMENT		MODULE (if applicable)	TYPE OF TRAINING*	HOURS REQUIRED	HRS CMPLD	DATE COMPLETED	INSTRUCTOR, INSTRUCTOR'S SIGNATURE/REMARKS
OPERATIONS PERSONNEL TRAINING	GROUND TRAINING	DUTIES & RESPONSIBILITIES	INITIAL	TTP	10.0	01/15/15	Shaun Hewitt
		GENERAL OPERATIONS MANUAL					
		OPERATIONS SPECIFICATIONS					
		WEATHER					
		NOTAMS					
		FLIGHT RISK ASSESSMENTS					

TTP: Train to Proficiency – No Minimum Training Time Required

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

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: 04/6/15

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: Director of Soc Date: 04/06/15

SEA✦PORT AIRLINES

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	INSTRUCTOR, INSTRUCTOR'S SIGNATURE/REMARKS
OPERATIONS PERSONNEL TRAINING	GROUND TRAINING	DUTIES & RESPONSIBILITIES	REC	TTP	50	10/15/15	Shaun Hewitt
		GENERAL OPERATIONS MANUAL					
		OPERATIONS SPECIFICATIONS					
		WEATHER					
		NOTAMS					
		FLIGHT RISK ASSESSMENTS					

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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: 04/06/2015

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: Director of SOC Date: 04/06/15

SEA✦PORT
AIRLINES

NAME: _James Murawski_

CURRICULUM SEGMENT		MODULE / *(if applicable)*	TYPE OF TRAINING*	HOURS REQUIRED	HRS CMPLD	DATE COMPLETED	INSTRUCTOR, INSTRUCTOR'S SIGNATURE/REMARKS
OPERATIONS PERSONNEL TRAINING	GROUND TRAINING	DUTIES & RESPONSIBILITIES	Initial	TTP	10.0	3/2/15	Shaun Hewitt
		GENERAL OPERATIONS MANUAL					
		OPERATIONS SPECIFICATIONS					
		WEATHER					
		NOTAMS					
		FLIGHT RISK ASSESSMENTS					

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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: _4/6/15_

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: _Director of SOC_ Date: _04/06/15_