

SeaPort Airlines
Juneau, AK
July 17, 2015
ANC15FA049

**NATIONAL TRANSPORTATION SAFETY BOARD
WASHINGTON, D.C.**

ATTACHMENT 28

CFIT Training Records

12 Pages



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
 CFIT AVOIDANCE PROGRAM

NAME: Adem Ender

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	<i>Initial</i>	TTP	1.0		4-14-15	<i>David Wilkins</i>
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

*Enter the appropriate Training Category: (I=Initial; REC=Recurrent)

TTP: Train to Proficiency – No Minimum Training Time Required

(1) Additional training time will be provided in case of unsatisfactory performance and will be entered in this column. Absence of additional training times indicates a satisfactory performance was achieved on the initial test.

TRAINEE CERTIFICATION	
I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.	
Trainee's Signature: <u>[Signature]</u>	Date: <u>4/14/15</u>

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 this individual possesses the knowledge and meets the requirements for satisfactory completion of this training. The training times and completion dates are correct to the best of my knowledge.	
Signature: <u>[Signature]</u>	Title: <u>BCP</u> Date: <u>4-14-15</u>



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
 CFIT AVOIDANCE PROGRAM

NAME: Jarrod Frankland

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	<i>Initial</i>	TTP	1.0		4-14-15	<i>David Williams</i>
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

*Enter the appropriate Training Category: (I=Initial; REC=Recurrent)

TTP: Train to Proficiency – No Minimum Training Time Required

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TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature: [Redacted] Date: 4/14/15

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 this individual possesses the knowledge and meets the requirements for satisfactory completion of this training. The training times and completion dates are correct to the best of my knowledge.

Signature: [Redacted] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
 CFIT AVOIDANCE PROGRAM

NAME: Michael Hoak

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	<i>Initial</i>	TTP	1.0		4-14-15	<i>David Wilcox</i>
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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Signature: [Redacted] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
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NAME: Charles Hitchcock IV

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	<i>Initial</i>	TTP	1.0		4-14-15	<i>David William</i>
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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Signature: [Redacted] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
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NAME: Shawn Michael

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Initial	TTP	1.0		4-14-15	David Willing
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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Signature: [Redacted] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
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NAME: Taylor Phillips

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	<i>Initial</i>	TTP	1.0		4-14-15	<i>David Willson</i>
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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Trainee's Signature: _____ Date: _____

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Signature: [Redacted] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
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NAME: John Platt

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Initial	TTP	1.0		4-14-15	David Wilson
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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Trainee's Signature: [Signature] Date: 4-14-15

CERTIFICATION SIGNATURE

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Signature: [Signature] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
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NAME: Dennis Williams

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Initial	TTP	1.0		4-14-15	David Wallace
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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TRAINEE CERTIFICATION

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Trainee's Signature: [Signature] Date: 4-14-15

CERTIFICATION SIGNATURE

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Signature: [Signature] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
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NAME: David Williams

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	REC	TTP	1.0		4-14-15	David Williams
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

*Enter the appropriate Training Category: (I=Initial; REC=Recurrent)

TTP; Train to Proficiency – No Minimum Training Time Required

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TRAINEE CERTIFICATION

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Trainee's Signature: [Signature] Date: 4-14-15

CERTIFICATION SIGNATURE

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Signature: [Signature] Title: BCP Date: 4-14-15



TRAINING CERTIFICATE
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NAME: Chris Heylce

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLPD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Rec	TTP	1.0		1/29/15	Jordan Smith
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature: [Signature] Date: 1/29/15

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 this individual possesses the knowledge and meets the requirements for satisfactory completion of this training. The training times and completion dates are correct to the best of my knowledge.

Signature: [Signature] Title: ACP Date: 1/29/15



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
 CFIT AVOIDANCE PROGRAM

NAME: Brett Cabentz

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Rec	TTP	1.0		1/29/15	Jordan Smith
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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TTP: Train to Proficiency – No Minimum Training Time Required

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TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature: [Signature] Date: 1/29/15

CERTIFICATION SIGNATURE

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Signature: [Signature] Title: ACP Date: 1/29/15



TRAINING CERTIFICATE
 INITIAL & RECURRENT GROUND TRAINING
 CFIT AVOIDANCE PROGRAM

NAME: Jamee Wallis

CURRICULUM SEGMENT	MODULE <i>(if & as applicable)</i>	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Rec	TTP	1.0		12/29/14	Jordan Smith
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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TTP: Train to Proficiency – No Minimum Training Time Required

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TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature: [Signature] Date: 12-29-14

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 this individual possesses the knowledge and meets the requirements for satisfactory completion of this training. The training times and completion dates are correct to the best of my knowledge.

Signature: [Signature] Title: ACP Date: 12/29/14