

Factual Report – Attachment 15
First Officer PRIA Documentation

OPERATIONAL FACTORS

DCA19MA086



TruView BSI, LLC
25 Newbridge Road, Suite 210
Hicksville, NY 11801

NOTICES

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

The agency providing this report will provide, when contacted by the consumer seeking a copy of this report or making a request to review his/her file with the agency, a written notice in English and Spanish setting forth the terms and conditions of his/her right to receive disclosures of information such as office hours, any charges for disclosures, identification required for the release of information, names of recipients of reports on the consumer, what assistance is available to the consumer in reviewing/understanding the information and similar instructions.

BACKGROUND REPORT

Requested: 6/29/2017

Completed: 8/11/2017

Printed: 8/14/2017

Prepared for: Atlas Air

Department:

Recruiter: Kendra Erskine

Prepared by: TruView BSI, LLC

Name of Applicant: ASKA , CONRAD

Applicant ID: 201706292000163

Send Copy to Applicant: NO

[View Appendix I](#)

Click the VIEW link to view **Appendix I**

[View Authorization Form](#)

Click the VIEW link to view **Authorization Form**

[View Employment Documents](#)

Click the VIEW link to view **Employment Documents**

[View Regulatory Documents](#)

Click the VIEW link to view **Regulatory Documents**

[View Supporting Documents](#)

Click the VIEW link to view **Supporting Documents**

[View DOT Forms](#)

Click the VIEW link to view **DOT Forms**

SUMMARY

SSN	XXX-XX-XXXX	Complete
County Criminal	Miami-Dade FL	Complete
County Criminal	HILLSBOROUGH FL	Complete
County Criminal	LOS ANGELES CA	Complete
County Criminal	LOUDOUN VA	Complete
Federal Criminal	US	Complete
Education	Florida International University	Complete
Employment	Mesa Air	Complete
Employment	Trans States Airlines	Complete
Employment	Charter Air Transport	See Comments
Employment	Air Turks And Caicos Airlines	Complete
Reference	Aska	Complete
Reference	Aska	Complete
FAA Accident + Incident Check	FAA Accident + Incident Check	Complete
FAA Records Check (PRIA)	FAA Records Check (PRIA)	Complete
National Driver Registry	National Driver Registry	Complete
PRIA Drug/Alcohol Verification	PRIA Drug/Alcohol Verification	Complete
PRIA Drug/Alcohol Verification	PRIA Drug/Alcohol Verification	Complete
PRIA Drug/Alcohol Verification	PRIA Drug/Alcohol Verification	Complete
PRIA Employment Record Verifica	PRIA Employment Record Verifica	Complete
PRIA Employment Record Verifica	PRIA Employment Record Verifica	See Comments
PRIA Employment Record Verifica	PRIA Employment Record Verifica	Complete

SSN Trace / Address History

Complete

Date Ordered: 6/29/2017

SSN #: XXX-XX-XXXX

Comments: The SSN Trace has been completed.
SSN IS VALID. ISSUED IN FL IN THE YEAR 1995-1996

ASKA, CONRAD JULES

FirstDate: 10/2015 LastDate: 06/2017 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD JULES

FirstDate: 04/2015 LastDate: 09/2016 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD JULES

FirstDate: 06/2013 LastDate: 03/2016 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD JULES

FirstDate: 02/2014 LastDate: 05/2015 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD J

FirstDate: 11/2014 LastDate: 11/2014 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD J

FirstDate: 07/2014 LastDate: 08/2014 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD J

FirstDate: 04/2005 LastDate: 04/2014 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD J

FirstDate: 01/2014 LastDate: 02/2014 NW [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD J

FirstDate: 12/2005 LastDate: 06/2013 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

ASKA, CONRAD J

FirstDate: 05/2006 LastDate: 01/2011 [REDACTED]
XXX-XX-4426 DOB: [REDACTED]

Court Records

Complete

Court Type: County Criminal
Name Checked: ASKA, CONRAD
Date Ordered: 6/29/2017

Location: Miami-Dade FL
Years: 10

Comments: No Record Found.

Complete

Court Type: County Criminal
Name Checked: ASKA, CONRAD JULES
Date Ordered: 6/30/2017

Location: HILLSBOROUGH FL
Years: 10

Comments: No Record Found.

Complete

Court Type: County Criminal
Name Checked: ASKA, CONRAD J
Date Ordered: 6/30/2017

Location: LOS ANGELES CA
Years: 10

Comments: No Record Found.

Complete **Court Type:** County Criminal **Location:** LOUDOUN VA
Name Checked: ASKA, CONRAD J
Date Ordered: 6/30/2017 **Years:** 10

Comments: No Record Found.

Complete **Court Type:** Federal Criminal **Location:** US
Name Checked: ASKA, CONRAD
Date Ordered: 7/12/2017 **Years:** 7

Comments: No Record Found.

Education

Complete **Contact:** Florida International University
 Third Party Verification Service
Applicant Supplied Info **Verified Info**
Degree: Bachelor BACHELOR OF ARTS
Major: Liberal Studies LIBERAL STUDIES - BA
Graduation Date: 4/2011 4/30/2011
Student Number: NA
Name on Diploma: ASKA
Comments: This applicant's degree has been confirmed.

Employment

Complete **Contact:** Mesa Air
Applicant Supplied Info **Verified Info**
Employment Dates: 2/5/2015 - Present 2/5/2017 - Present
Position: First Officer First Officer
Supervisor: NA
Salary: NA per NA NA per NA
Comments: The applicant's employment has been confirmed.
 This employer uses a third-party verification service.

07/07/2017 - Employment verified

Complete **Contact:** Trans States Airlines
 Third Party Verification Service
Applicant Supplied Info **Verified Info**
Employment Dates: 3/8/2014 - 9/20/2014 3/10/2014 - 9/10/2014
Position: First Officer Associate
Supervisor: NA
Salary: NA per NA NA per NA
Comments: The applicant's employment has been confirmed.

See Comments **Contact:** Charter Air Transport
 Floris Johnson
Contact's Title: HR Manager
Applicant Supplied Info **Verified Info**
Employment Dates: 2/13/2013 - 3/4/2014 5/18/2013 - 3/9/2014
Position: First Officer Pilot
Supervisor: NA

Salary: NA per NA NA per NA
Comments: The applicant's employment has been confirmed. As there was a discrepancy in the dates, the employer was asked to confirm. It was determined that the dates as verified are correct.

Complete Air Turks And Caicos Airlines
Applicant Supplied Info **Verified Info**
Employment Dates: 6/15/2008 - 6/15/2010 NA - NA
Position: Pilot NA
Supervisor: NA
Salary: NA per NA NA per NA
Comments: The applicant's employment has been confirmed. The applicant provided copies letter of recommendation and training documents.

References

Complete **Reference Name:** Aska, Conrad
Work Phone:
Cell Phone:
Home Phone:

Comments:
A gap review was conducted and the following gaps in employment are noted:

- 07/2007 - 05/2008
- 07/2010 - 05/2011
- 05/2011 - 01/2013

0
Complete **Reference Name:** Aska, Conrad
Work Phone:
Cell Phone:
Home Phone:

Comments:
A gap reference was conducted and the following gaps in employment are noted:

- 07/2007 - 05/2008: Applicant indicated that he did independent freelance work on an as needed basis and was not employed by a company during this time. No documentation is available.
- 07/2010 - 05/2011: Applicant was a student during this time. No work was performed.
- 05/2011 - 05/2013: Applicant indicated that he did independent freelance work in real estate on an as needed basis and was not employed by a company during this time. No documentation is available.

0
Complete **FAA ACCIDENT + INCIDENT CHECK**
Category: FAA Accident + Incident Check

Comments:

A search of the Accident/Incident Data System and Enforcement Information System on June 30, 2017, revealed no Accident/Incident or Enforcement record(s) concerning the above individual.

FAA RECORDS CHECK (PRIA)

Complete **Category: FAA Records Check (PRIA)**
Comments:

ASKA , CONRAD JULES

Med Class: 1 Med Date: 4/11/2017
 Limitation(s) None

AIRLINE TRANSPORT PILOT Cert No: [REDACTED] DOI: 4/25/2015
 AIRPLANE MULTIENGINE LAND
 EMB-120 EMB-145 ERJ-170 ERJ-190

PRIVATE PRIVILEGES Cert No: [REDACTED] DOI: 4/25/2015
 AIRPLANE SINGLE ENGINE LAND
 LIMITATIONS
 ENGLISH PROFICIENT.
 EMB-120 SIC PRIVILEGES ONLY.
 ATP CIRC. APCH. - VMC ONLY.
 ERJ-170 ERJ-190 EMB-145 CIRC. APCH. - VMC ONLY.

A search of the Enforcement Information System, which excluded the Student Pilot Certificate, on June 30, 2017, revealed no legal enforcement actions resulting in a finding of a violation pertaining to the above airman.

NATIONAL DRIVER REGISTRY

Complete **Category: National Driver Registry**
Comments:

Per the Oregon Department of Transportation, there were no matches identified from the National Driver Register (NDR) file check on the above individual.

PRIA DRUG/ALCOHOL VERIFICATION

Complete **Category: PRIA Drug/Alcohol Verification**
Comments:

MESA AIR

Completed By: Sheryl Jones
 Title: DER
 Company: Mesa Air
 Phone: [REDACTED]
 Date: 07/21/2017

1. Did the employee have alcohol tests with a result of 0.04 or higher? NO
2. Did the employee have any verified positive drug tests? NO
3. Did the employee refuse to be tested? NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? NO
5. Did a previous employer report a drug and alcohol rule violation to you? NO
 (If yes, report provided under separate cover)
6. If you answered "yes" to any of the above items, did the employee complete the return to duty process? N/A
 (If yes, documentation provided under separate cover)

PRIA DRUG/ALCOHOL VERIFICATION
Category: PRIA Drug/Alcohol Verification

Complete
Comments:

TRANS STATES AIRLINES

Completed By: Mary Kay Koehler
Title: DER
Company: Trans States Airlines
Phone: [REDACTED]
Date: 07/11/2017

- 1. Did the employee have alcohol tests with a result of 0.04 or higher?
NO
- 2. Did the employee have any verified positive drug tests?
NO
- 3. Did the employee refuse to be tested?
NO
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? NO
- 5. Did a previous employer report a drug and alcohol rule violation to you? NO
(If yes, report provided under separate cover)
- 6. If you answered "yes" to any of the above items, did the employee complete the return to duty process?
N/A
(If yes, documentation provided under separate cover)

PRIA DRUG/ALCOHOL VERIFICATION
Category: PRIA Drug/Alcohol Verification

Complete
Comments:

CHARTER AIR TRANSPORT

Completed By: Irit Vizer
Title: DER
Company: Charter Air Transport / VIA Air
Phone: [REDACTED]
Date: 07/31/2017

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? NO
- 2. Did the employee have any verified positive drug tests? NO
- 3. Did the employee refuse to be tested? NO
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? NO
- 5. Did a previous employer report a drug and alcohol rule violation to you? NO

(If yes, report provided under separate cover)

6. If you answered "yes" to any of the above items, did the employee complete the return to duty process? N/A
(If yes, documentation provided under separate cover)

PRIA EMPLOYMENT RECORD VERIFICA

Complete
Comments:

Category: PRIA Employment Record Verifica

MESA AIR

Records returned on 07/21/2017

Individual: A summary of all trainings from February 10, 2015 - May 19, 2017 was provided.

Performance: No derogatory information on file.

No Disciplinary Actions Reported.

The full Report has been uploaded to "Regulatory Documents"

PRIA EMPLOYMENT RECORD VERIFICA

See Comments
Comments:

Category: PRIA Employment Record Verifica

TRANS STATES AIRLINES

Individual: A summary of all trainings from March 18, 2014 - September 9, 2014 was provided.

Performance: Records indicated Unsatisfactory ride on April 22, 2014, May 11, 2014 and August 15, 2014.

No Disciplinary Actions Reported.

The full Report has been uploaded to "Regulatory Documents"

PRIA EMPLOYMENT RECORD VERIFICA

Complete
Comments:

Category: PRIA Employment Record Verifica

CHARTER AIR TRANSPORT

Records returned on 07/31/2017

Individual: A summary of all trainings from April 6, 2016 - May 18, 2013 was provided.

Performance: No derogatory information on file.

No Disciplinary Actions Reported.

The full Report has been uploaded to "Regulatory Documents"

END OF REPORT

Per your contract with TruView BSI, LLC you acknowledge that this report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Furthermore, you have agreed to comply with all FCRA, state, and local laws governing the confidentiality and dissemination of this information.

Summit's Services will be performed in a professional manner in accordance with industry standards. Summit will maintain and follow reasonable procedures to assure the maximum possible accuracy of the information contained in each consumer report and investigative consumer report. However, Client recognizes that Summit cannot be an insurer of, and cannot guarantee the accuracy, validity or completeness of the information because such information is subject to human error and obtained from public records and other third party sources that are not under the control of Summit and may not always be accurate, valid or complete. Therefore, no guarantee, warranty, or other representation, whether express or implied, is made as to the accuracy of information received from third parties, its merchantability, or its suitability for any particular purpose.

Copyright 2012-2017, TruView BSI, LLC 390 RXR Plaza, Uniondale, NY 11556 All rights reserved.



[Cover Sheet](#) [FCRA Rights](#) [Pre-Adverse Action Letter](#) [Adverse Action Letter](#)

CHARTER AIR TRANSPORT



Duty / Position Assignment for Pilots

Pilot Name: Conrad Aska

TYPE Aircraft	PIC	SIC	Instructor	Check Airman	D.O. or Chief Pilot Signatures
EMB 120		S-18-13	K. Wynsma	G. Papp	 C.P.

UNITED STATES OF AMERICA
 Department of Transportation
 Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):
 CONRAD J ASKA
 [Redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[Redacted]	[Redacted]	[Redacted]	BLACK	BROWN	M

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

None

Limitations

Date of Examination: 10/29/2013
 Examiner's Designation No: 21246

Signature: [Redacted]

Typed Name: ENIOLA A OWI MD

AIRMAN'S SIGNATURE: [Redacted]

Applicant ID: 1996281152
 Control No.: 200006233060

CONDITIONS OF ISSUE

The holder of this certificate must:

- Have a pilot log or logbook entries while exercising privileges of air carrier (14CFR § 61.31)
- Understand that the issuance of a certificate by an Aviation Medical Examiner on the FAA website is not valid until the FAA issues the certificate (14CFR § 61.407)
- Comply with any restrictions, special conditions, and first class medical requirements (14CFR § 61.23)
- Comply with any statement of health and/or time limitations issued as a condition of certification (14CFR § 61.407)

(Note: A letter of authorization for a pilot with any such limitations must be kept with the certificate while exercising the privileges of the certificate.)

- Comply with the limitations regarding operation during medical emergencies (14CFR §§ 61.53, 61.59, and 61.63)

For International Operations Only: Some are affected by certain international medical requirements. Consult the U.S. Aeronautical Information U.S. differences with ICAO Annex 1.

 AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300
 FAA Civil Aerospace Medical Institute
 Mike Monroney Aeronautical Center
 P.O. Box 26080
 Oklahoma City, OK 73125-9914

CONRAD J ASKA
 [Redacted]

Dear Airman:

Above is your new medical certificate. It contains...



Initial Ground Training Certificate

Pilot Name: Conrad Aska

Date Training Began: 04/03/2013

- EMB-120
- CL-560

Curriculum Segment	Name	Hours	Date Completed
BI-10	Basic Indoctrination Operator Specific	32	4-6-13
BI-12	Basic Indoctrination Airman Specific	24	4-10-13
ET-10 (Situation)	Emergency Situation Training	4	4-11-13
ET-12 (Drill)	Emergency Drill Training	4	4-11-13
HM-10 Hazmat	Hazardous materials recognition	2	4-6-13
AG-10a	Aircraft Ground (General Subjects)	11	
AG-10b	(Aircraft Systems)	11	4-30-13
AG-10c	(Systems Integration)	11	
Special Segments	Crew Resource Management	30	4-21-13

Date Training Completed: 05/01/2013

Curriculum segments above can be found in the Charter Air Transport approved training manual.

Pilot: G RUPP

Chief Pilot: ANDREW LEVY

Director of Training: KEITH WYNSHA



Initial Flight Training Certificate

Pilot Name: Conrad Aska

Date Training Began: 05/13/2013

- EMB-120
- CE-560 See Attached Flight Safety Forms for the CE-560

Date Training Completed: 05/18/2013

Date	Flight Time	FAA SIM# or Aircraft ID	Notes	Instructor
05/13/2013	4.0	345		Rupp
05/14/2013	4.0	345	<i>Completed Lesson Plan</i>	Rupp
05/15/2013	4.0	345		Rupp
05/16/2013	4.0	345		Wynsma
05/17/2013	4.0	345		Rupp
05/18/2013	4.0	345		Rupp

Total Flight Training Hours: **24**

Note: Detailed information of individual subject areas and training curricula content are contained in the approved Charter Air Transport Pilot Training Manual. The Authorized Signature/s below certifies that this airman has met the requirements of FAR 135 and completed the training required in FAR 135 for qualification under Operating Certificate GNOA.

Pilot: INT. G RUPP

Chief Pilot: ANDREW LEVY

Director of Training: KENTH WYNSMA

AIRMAN COMPETENCY/PROFICIENCY CHECK		LOCATION		DATE OF CHECK		
FAR 135		ATLANTA, GA		5-18-2013		
NAME OF AIRMAN (Last, first, middle initial)				TYPE OF CHECK		
ASRA, CONRAD				FAR 135.293 <input checked="" type="checkbox"/>	FAR 135.297 <input checked="" type="checkbox"/>	FAR 135.299 <input type="checkbox"/>
PILOT CERTIFICATION INFORMATION:		MEDICAL INFORMATION: Date of Exam.				
Grade	COM					
Number	[Redacted]					
EMPLOYED BY		BASED AT (City, State)		TYPE AIRPLANE (Make/Model)		
CHAPTER AIR TRANSPORT		SANFORD, FL		EMB-120 B45		
NAME OF CHECK AIRMAN		SIG. OF CHECK AIRMAN		FLIGHT TIME		
Gregory J Rupp		[Redacted]		2.0		
				2.0 ORAL		
FLIGHT MANEUVERS GRADE (S--Satisfactory U--Unsatisfactory)						
PILOT						
				Air-craft	Simu-lator	Trng. Dev.
PREFLIGHT						
1. Equipment Examination (Oral or written)			S			
2. Preflight Inspection			S			
3. Taxiing			S			
4. Powerplant Checks			S			
TAKEOFFS						
5. Normal			S			
6. Instrument			S			
7. Crosswind			S			
8. With Simulated Powerplant Failure			S			
9. Rejected Takeoff			S			
INFLIGHT MANEUVERS						
10. Steep Turns			S			
11. Approaches to Stalls			S			
12. Specific Flight Characteristics			S			
13. Powerplant Failure			S			
LANDINGS						
14. Normal			S			
15. From an ILS			S			
16. Crosswind			S			
17. With Simulated Powerplant(s) Failure			S			
18. Rejected Landing			S			
19. From Circling Approach			S			
EMERGENCIES						
20. Normal and Abnormal Procedures			S			
21. Emergency Procedures			S			
INSTRUMENT PROCEDURES						
22. Area Departure			S			
23. Holding			S			
24. Area Arrival			S			
25. ILS Approaches			S			
26. Other Instrument Approaches			S			
Approaches: NDB/ADF			S			
VOR			S			
ILS			S			
Other (Specify)			S			
27. Circling Approaches			S			
28. Missed Approaches			S			
29. Comm./Nav. Procedures			S			
30. Use of Auto. Pilot			S			
RESULT OF CHECK		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		CHECK AIRMAN'S PERFORMANCE (FAA Only)		
				<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory		
REGION		DISTRICT OFFICE		FAA INSPECTOR'S SIGNATURE		
REMARKS FAR 135.293 (A) 1-8 (B) INITIAL						
SATISFACTORY						
BASE MONTH MAY						

FAA Form 8910-3 (8-81)

U.S. GOVERNMENT PRINTING OFFICE: 1998-700-212-8100



Charter Air Transport, Inc.

Initial Operating Experience

TASK LIST WORKSHEET

Name: COOPER ASKA ID#: _____

CHECK IF DEMONSTRATED, DISCUSSED, REVIEWED. ALL ITEMS REQUIRE A CHECK PRIOR TO RELEASE FROM IOE.

SIGN IN/PREPARATION

DUTY-IN PROCEDURES
WEATHER ANALYSIS
DISPATCHER COORDINATION
PERSONAL APPEARANCE
LOCATE OTHER CREW MEMBERS
NOTAMS

PREFLIGHT

ARRIVAL AT AC 30 MIN PRIOR (PIC) I/A BRIEFING
WALKAROUND
AC LOG INSPECTION
SEAT ADJUSTMENT
JUMP SEAT EQUIP/OPERATION
EMERGENCY EQUIPMENT
FUEL REQUIREMENTS
MEL
LOAD MANIFEST
(PIC) BRIEFINGS
COCKPIT PREP.
FLIGHT RELEASE
TAKEOFF POWER COMPUTATION
DEPARTURE BRIEFING/ROUTING
CHECKLIST USE

STARTING/PUSHBACK

CHECKLIST
GROUND COMM.
SINGLE ENGINE TAXI
RAMP OPERATION
SYSTEM CHECKS

AFTER START

RAMP SIGNALS
CHECKLIST
PUSHBACK PROCEDURES

TAXI

GROUND HANDLING
AIRPORT COMM.
FLAPS
SYSTEM CHECKS
ENGINE STARTING
CHECKLISTS
BRIEFINGS (CREW/PAX)

BEFORE TAKEOFF

BFR T/O CHECKLIST
WX CONSIDERATIONS
RADAR
E/A NOTIFICATION
BRIEFINGS
T/O CHECKLIST

TAKEOFF

PROFILE PROCEDURES
POWER APPLICATION
NORMAL
LOW VIS
X/WIND
FLAP SETTINGS
SITUATIONAL AWARENESS

AFTER TAKEOFF

SPEED CONTROL
FMS/AUTOMATION
ALTIMETER AWARENESS
ATC COMM.
COMPANY COMM.

Initial Operating Experience TASK LIST WORKSHEET

CHECK IF DEMONSTRATED, DISCUSSED, REVIEWED. ALL ITEMS REQUIRE A CHECK PRIOR TO RELEASE FROM IOE.

CRUISE

POWER MANAGEMENT
FMS/AUTOMATION
ADHERENCE TO FLIGHT PLAN
HOLDING
ATC COMM.
COMPANY COMM.
PAX BRIEFING
FUEL MANAGEMENT
ALTERNATIVE PLAN
RADAR USE

DESCENT

TOD COMPUTATION
SPEED/POWER MGMT
FMS/AUTOMATION
ARRIVAL PROCEDURES
ATC COMM.
CHECKLIST
BRIEFINGS
PAX BRIEFING
ATIS/APPR SET-UP

APPROACH

WX CONSIDERATIONS
SPEED MGMT
CONFIGURATION
FMS/AUTOMATION
IN-RANGE CALL
A/S TARGETS/BUGS
INSTRUMENT APPROACH
GLIDE SLOPE CONTROL
LOCALIZER CONTROL
VISUAL APPROACH
VERTICAL REFERENCE POINTS
RUNWAY VERIFICATION
CHECKLIST
RUNWAY CLEARING PLAN

LANDING

CHECKLISTS
CALL-OUTS
SPEED CONTROL
WX CONSIDERATION
LOW VIS
CROSSWIND
WET RUNWAY
SHORT RUNWAY
TOUCH DOWN POINT
USE OF BRAKES
USE OF REVERSE
RWY EXIT CONTROL/PLANNING

TAXI/SHUTDOWN

CHECKLIST
RUNWAY TO TAXI CONTROL
SITUATIONAL AWARENESS
ATC COMM.
ENGINE SHUTDOWN CONSIDERATIONS
RAMP PROCEDURES
GATE ARRIVAL PROCEDURES
COMPANY COMM.
A/C LOG
POWERDOWN
MAINTENANCE COMM.

OTHER SPECIAL CONSIDERATIONS

GROUND DE-ICING/ANTI-ICING PROCEDURES
USE OF ANTI-ICE ON GROUND
DISPATCH W/O APC
ANTI-ICE/DE-ICE SYSTEM INFLIGHT
ICE DETECTION
WINDSHEAR OPERATIONS
HIGH MIN PIC REQUIREMENTS

Pilot's Signature: _____
Instructor's Signature: _____
Date of Completion: 8/26/13

OCT-1-2009 03:51A FROM: CIVIL AVIATION AUTHORITY 6499162141

TO: 9464724

P. 1/2



Turks and Caicos Islands Civil Aviation Authority



*CAA Headquarters
P.O. Box 168
Hibiscus Square, Grand Turk,
Turks and Caicos Islands*



Telephone: [REDACTED]
Facsimile: [REDACTED]
Email: cad@tcivay.tc

CERTIFICATE OF VALIDATION

NAME: CONRAD ASKA
TYPE OF LICENCE: COMMERCIAL PILOT
LICENCE No. [REDACTED]
ISSUING AUTHORITY: FEDERAL AVIATION ADMINISTRATION
DATE OF ISSUE: 3RD MAY 2007

In accordance with Article 27 of the Air Navigation (Overseas Territories) Order 2007 the holder of this licence may exercise his privileges in the Turks and Caicos Islands whilst employed by AIR TURKS & CAICOS.

This validation is contingent upon validity of the said licence, and is valid until 30th September 2010.



Thomas A. Swann
Managing Director
Civil Aviation Authority

Dated: 28 September, 2009


Capt Hugo Mendez
Director of Operations
Air Turks and Caicos
Turks and Caicos Islands, B.W.I.

14th December, 2009.

To Whom It May Concern:

This letter is to certify that Capt. Aska Conrad, worked as a Pilot under my supervision based in the Turks & Caicos Islands, British West Indies.

Throughout his year employment period, Capt. Aska was a dedicated, organized and an reliable pilot. He demonstrated to be a dependable with customer service skills. He was able to work in a team environment.


Capt. Hugo Mendez
Director of Operations

AIR TURKS & CAICOS

AIR TAC 8.9

RECORD OF FLYING AND DUTY HOURS,
DAYS OFF

NAME: ASKA C. FROM: 08 NOV TO: 05 DEC YR: 2009 CP: 10/02

DATE	ON DUTY	OFF DUTY	ON DUTY	OFF DUTY	SPLIT DUTY	DUTY HOURS	FLT HOURS	DAYS OFF	SECTORS
Su 08	0730	1330				6.0	3.5		4
Mo 09			1015	1330		3.3	1.8		2
Tue 10			1600	1745		1.8	0.7		2
We 11	0800	1600				7.0	3.2		5
Thu 12	OFF					0.0	0.0	1	
Fr 13	0730	1400				7.5	3.5		4
Sa 14	0730	1315				5.8	3.8		4
Weekly Total:						31.4	16.5	1	
Previous 28 Days Total:						96.5	40.9	10	

Su 15			1015	1315		2.0	1.7		2
Mo 16			0900	1700		8.0	0.0		0
Tue 17	OFF					0.0	0.0	1	
We 18	OFF					0.0	0.0	1	
Thu 19			0900	1700		8.0	0.0		0
Fr 20	0730	1330				6.0	3.6		4
Sa 21	0730	1345				6.3	3.9		4
Weekly Total:						30.3	9.2	2	
Previous 28 Days Total:						110.3	42.8	9	

Su 22	OFF					0.0	0.0	1	
Mo 23	OFF					0.0	0.0	1	
Tue 24	OFF					0.0	0.0	1	
We 25	OFF					0.0	0.0	1	
Thu 26	OFF					0.0	0.0	1	
Fr 27	OFF					0.0	0.0	1	
Sa 28	OFF					0.0	0.0	1	
Weekly Total:						0.0	0.0	7	
Previous 28 Days Total:						98.3	42.8	12	

Su 29	OFF					0.0	0.0	1	
Mo 30	OFF					0.0	0.0	1	
Tue 01	OFF					0.0	0.0	1	
We 02	OFF					0.0	0.0	1	
Thu 03	OFF					0.0	0.0	1	
Fr 04	OFF					0.0	0.0	1	
Sa 05	OFF					0.0	0.0	1	
Weekly Total:						0.0	0.0	7	
Previous 28 Days Total:						61.7	25.7	17	

Totals for this control period: 379.1 344.7 140



Air TAC 8.37

FORM 8.37
PILOT BASE CHECK

Captain Name: C. ASKIA License Details: [REDACTED] Medical Expiration Date 30 SEPT 10
 Check Captain: P. STANLEY A/C Registration SEMIATOR A/C Type EMB120
 Date 26 OCT 09 Valid until 30 APR 10 Airfield KCC

Captain Certificate of Test Instrument Approach Proficiency Off Checks 2030
 First Officer Initial Instrument Rating Renewal On checks 2230
 Recurrent Total Time 2.0

Phase of Flight	1 st Attempt	2 nd Attempt	Comment
Part 1 (Mandatory)			
1. External and Internal Checks	<u>(Pass/Fail)</u>	Pass/Fail	
2. Steep Turns & Stalls	<u>(Pass/Fail)</u>	Pass/Fail	
3. Asymmetric Approach and G/A (L or R)	<u>(Pass/Fail)</u>	Pass/Fail	
4. Asymmetric Landing	<u>(Pass/Fail)</u>	Pass/Fail	
5. Emergency drills non-handling (Multi crew)	<u>(Pass/Fail)</u>	Pass/Fail	
Part 2 (Selected Items)			
1. Engine Fire	Pass/Fail	Pass/Fail	
2. Over speed	Pass/Fail	Pass/Fail	
3. Cabin fire (<u>CABIN COMPARTMENT FIRE</u>)	<u>(Pass/Fail)</u>	Pass/Fail	
4. Emergency operation of flap and undercarriage	Pass/Fail	Pass/Fail	
5. Low fuel contents	Pass/Fail	Pass/Fail	
6. Engine relight / start	<u>(Pass/Fail)</u>	Pass/Fail	
7. Hydraulic failures	Pass/Fail	Pass/Fail	
8. Electrical Failures (<u>MAIN ELECTRICAL</u>)	<u>(Pass/Fail)</u>	Pass/Fail	
9. Pressurization Failure (<u>LEFT PACK FAILURE</u>)	<u>(Pass/Fail)</u>	Pass/Fail	
10. GPWS / TCAS / other :	Pass/Fail	Pass/Fail	
Part 3 (Instrument Flying)			
1. Hold VOR / NDB	<u>(Pass/Fail)</u>	Pass/Fail	<u>RWY 06 VOR 0.10</u>
2. ILS approach and G/A (No. 1 Engine fail)	<u>(Pass/Fail)</u>	Pass/Fail	<u>RWY 27R KCC</u>
3. VOR approach and G/A (No. 1 Engine fail)	<u>(Pass/Fail)</u>	Pass/Fail	<u>RWY 06 VOR 0.10</u>
4. VOR tracking to / from	<u>(Pass/Fail)</u>	Pass/Fail	
5. NDB approach and G/A (No. Engine fail)	Pass/Fail	Pass/Fail	
6. NDB tracking to / from	Pass/Fail	Pass/Fail	
Part 4 (Right Hand Seat Qualification)			
1. Engine failure after take-off	Pass/Fail	Pass/Fail	
2. Asymmetric approach and G/A from DH	Pass/Fail	Pass/Fail	
3. Asymmetric landing	Pass/Fail	Pass/Fail	
4. Commander / Copilot incapacity	Pass/Fail	Pass/Fail	
Part 5 (Questionnaire)	Pass/Fail	Pass/Fail	

OVERALL COMMENTS:

MUST ALWAYS KEEP AHEAD OF THE AIRCRAFT.

I have tested Capt: C. ASKA as indicated and certify that he / she is
 Competent Not competent to act as Captain / First Officer of the EMB120 aircraft.

CERTIFICATE OF TEST:

I certify that Captain C. ASKA

1. - Has Has not satisfactorily demonstrated competency in emergency and procedures under instrument flight appropriate to
 Commander Commander and Co-pilot Co-pilot
in EMB120 aircraft. Valid until: 31 OCT 10. (See note #8)

2. - Has Has not satisfactorily demonstrated proficiency in the pilot interpreted aids to landing in EMB120 aircraft.
 ADF VOR ILS 31 OCT 10 (see note # 8)
(ddmmyy)

3. - Instrument Rating Renewal Test Not completed: Completed Satisfactorily:

4. - This certificate is valid until: 30 APR 10 (see note # 7)
(ddmmyy)

The examinee has been fully debriefed on the examination.

SIGNED: [Redacted] Date: 26 OCT 09
(Examinee) (ddmmyy)

SIGNED: [Redacted] Date: 26 OCT 09 Name: PETER SIMONEY License #: [Redacted]
(Examiner) (ddmmyy)

OPERATION'S CONCLUSIONS
I test accepted on behalf of Air Turks & Caicos [Redacted] Chief Pilot / Director of Operations

NOTES:

1. - The quiz should normally be completed before the flight. If circumstances make this impossible, the completed quiz must be returned as soon as possible.
2. - The Training Captain should ensure that all items are covered over several Base Checks.
3. - Captains are to complete in Part 1 item # 1, Part 2 item # 6, Part 4 items # 1,2,3 in the left hand seat and Part 4 items # 1,3,4 in the right hand seat.
4. - Part 3 items 1, 2, 4 are to be performed in simulated IMC conditions.
5. - Part 3 item # 1, Holding Pattern, needs only to be flown if the Base Check forms part of an Instrument rating renewal.
6. - One Instrument Approach is to be carried out with the FD out of use. Training Captains should aim to alternate this requirement on successive Base Checks between the ILS or VOR and ADF.
7. - Base check valid for 6 months following initial test. Thereafter 2 in 13 months provided not less than 4 months between tests. Should base check expire for any reason, the re-validating test is for 6 months only, after which the 13 month sequence may be resumed.
8. - ILS and Certificate of test valid for 12 months.



U.S. Department
of Transportation
Federal Aviation
Administration

Aviation Data Systems
Branch, AFS-620

P.O. Box 25082
Oklahoma City, Oklahoma 73125

JOSE LOPEZ
SUMMIT SECURITY SERVICES, INC
444 E HUNTINGTON DR #305-JLOPEZ@SUMMITSECURITY.COM
ARCADIA CA 91006

Control Number: [REDACTED]

This is in response to your letter dated June 29, 2017, under the Privacy Act of 1974, 5 U.S.C. §552a, pertaining to accidents, incidents or enforcement actions and the verification of airman certificate(s) involving CONRAD JULES ASKA, certificate number(s) as indicated.

Certificate Number	Certificate Type
[REDACTED]	PILOT

Your request was received in this office on June 29, 2017.

A search of the Accident/Incident Data System and Enforcement Information System on June 30, 2017, revealed no Accident/Incident or Enforcement record(s) concerning the above individual.

A search of the Comprehensive Airman Information System (CAIS) on June 30, 2017, revealed the following information concerning the medical certificate, current airman certificates and associated type ratings, including limitations to those certificates and ratings involving the above named individual.

Airman Name: ASKA, CONRAD JULES

Medical Information

Medical ID: [REDACTED]

Medical Class: First (ATP)

Medical Date: 04/11/2017

Medical Limitations: None

Certificate Information

Certificate Number: [REDACTED] PILOT

DOI: 4/25/2015

Certificate Description:

- AIRLINE TRANSPORT PILOT
- AIRPLANE MULTIENGINE LAND
- PRIVATE PILOT
- AIRPLANE SINGLE ENGINE LAND

Type Rating: EMB-120, EMB-145, ERJ-170, ERJ-190

Limitations:

- ENGLISH PROFICIENT.
- EMB-120 SIC PRIVILEGES ONLY.
- ATP CIRC. APCH. - VMC ONLY.
- ERJ-170 ERJ-190 EMB-145 CIRC. APCH. - VMC ONLY.

The preceding data was derived from official FAA data systems utilized by AFS-620. This report will not include pending legal action details as they are not releasable until the case is closed.

All AIE verification requests in accordance with the Privacy Act may be faxed to: [REDACTED] ATTN: Privacy Act; or emailed to [REDACTED] or mailed to the: Aviation Data Systems Branch, AFS-620, ATTN: Privacy Act, PO Box 25082, Oklahoma City, OK 73125.

Additional FAA records may be available as referenced in Advisory Circular AC 120-68 (current edition), paragraph 1-7 and Appendix 9: Additional Pilot Records. Appendix 9 identifies the additional records that may be available to an air carrier or operator and the procedure to request those records. Such records may include an airman's history of accidents, incidents, and enforcement history including open enforcement actions, administrative records, and records of failed practical tests (Notices of Disapproval) if an airman's file contains such records.

With regard to administrative actions that may have been issued under the Aviation Safety Action Program to the person named in your request, we will neither confirm nor deny whether such administrative actions exist under exemption 3, which incorporates the various nondisclosure provisions that are contained in other federal statutes. In this case, the applicable statute is 49 U.S.C. section 40123, which provides that certain voluntarily provided safety and security information is protected from disclosure to encourage persons to provide the information to the Federal Aviation Administration (FAA). If the Administrator issues an order designating information as protected under 49 U.S.C., section 40123, that information will not be disclosed under the Freedom of Information Act (Title 5 of the United States Code (5 U.S.C.), section 552) or other laws, except as provided in 49 U.S.C. section 40123, 14 CFR part 193, and the order designating the information as protected. The Administrator has issued FAA Order 8000.82 designating certain information from an Aviation Safety Action Program as protected from disclosure under 49 U.S.C. section 40123.

In our continuing effort to improve the quality of service to our customers, we would appreciate any comments you may have. Please send your comments to: [REDACTED] or contact the AFS-620 Reporting Group at: [REDACTED] phone menu will direct your call.

Sincerely,

[REDACTED]
Bryan W. Brown
Manager, Aviation Data Systems Branch
AFS-620



U.S. Department
of Transportation
Federal Aviation
Administration

Aviation Data Systems
Branch, AFS-620(PRIA)

P.O. Box 25082
Oklahoma City, OK 73125-0082

JOSE LOPEZ
SUMMIT SECURITY SERVICES, INC/SUMMIT OF CALIFORNIA
ATLAS AIR INC
444 E HUNTINGTON DRIVE, SUITE 305
JLOPEZ@SUMMITSECURITY.COM
ARCADIA, CA 91006

Control Number: [REDACTED]

This is in response to your request of June 28, 2017, under Section 502 of the Pilot Records Improvement Act of 1996. (Public Law 104-264), pertaining to the medical certificate, current airman certificates and associated type ratings, including any limitations to those certificates and ratings; and summaries of legal enforcement actions resulting in a finding of a violation involving CONRAD JULES ASKA, which may include violations on current and previous certificate number(s): 590554426. Your request was received on June 29, 2017.

ASKA, CONRAD JULES

Med Class: 1	Med Date: 4/11/2017	
Limitation(s)	None	
AIRLINE TRANSPORT PILOT	Cert No: [REDACTED]	DOI: 4/25/2015
AIRPLANE MULTIENGINE LAND		
EMB-120 EMB-145 ERJ-170 ERJ-190		
PRIVATE PRIVILEGES	Cert No: [REDACTED]	DOI: 4/25/2015
AIRPLANE SINGLE ENGINE LAND		
LIMITATIONS		
ENGLISH PROFICIENT.		
EMB-120 SIC PRIVILEGES ONLY.		
ATP CIRC. APCH. - VMC ONLY.		
ERJ-170 ERJ-190 EMB-145 CIRC. APCH. - VMC ONLY.		

A search of the Enforcement Information System, which excluded the Student Pilot Certificate, on June 30, 2017, revealed no legal enforcement actions resulting in a finding of a violation pertaining to the above airman.

The preceding data was derived from official FAA data systems utilized by AFS-620. Pending legal actions which are not releasable until the case is closed will not appear on this report. Accident/Incident information will also not appear on this report.

Recent additions to an airman's certificate that were issued within 6 to 8 weeks or less preceding the date of this report may not have been processed by the Civil Aviation Registry and consequently, would not appear on the enclosed airman's verification of certificates and/or ratings.

All requests in accordance with the Pilot Records Improvement Act of 1996 may be faxed to: [REDACTED] ATTN: PRIA; or if scanning is available to include signatures, they may be emailed to [REDACTED] or mailed to the Aviation Data Systems Branch, AFS-620, ATTN: PRIA, PO Box 25082, Oklahoma City, OK 73125.

Additional information including all forms, regulatory and support material may be found at:



Additional FAA records may be available as referenced in Advisory Circular AC 120-68 (current edition), paragraph 1-7 and Appendix 9: Additional Pilot Records. Appendix 9 identifies the additional records that may be available to an air carrier or operator and the procedure to request those records. Such records may include an airman's history of accidents, incidents, and enforcement history including open enforcement actions, administrative records, and records of failed practical tests (Notices of Disapproval) if an airman's file contains such records.

In our continuing effort to improve the quality of service to our customers, we would appreciate any comments you may have. Please send your comments to: <http://av-info.faa.gov/feedback/> or contact the AFS-620 Reporting Group at: 405-954-4173. A phone menu will direct your call.

Sincerely,

A solid black rectangular redaction box covering a handwritten signature.

Bryan W. Brown
Manager, Aviation Data Systems Branch
AFS-620

MESA AIR

ASH PRINTED: 17JUL17 1152
 Summary - All Training Report - by Date/Eqpt/Pos
 ID # [REDACTED] ASKA CONRAD JULES ADRIAN
 Qual1: IAB-E75 -FO Qual2: - Qual3: - Qual4: -
 Certificate# ATP: [REDACTED] Certificate # COM: Certificate # FE :
 Date of Medical: 11APR17

A/C	POS	CODE	DESCRIPTION	S/D	TrgDate	BaseMonth	Instructor#	Hrs/min.	Ldgs	Cls	FAA
		IHAZ	Initial Hazardous Material		10FEB15	FEB	[REDACTED]	0:00	00	00	
		IBI	Initial Basic Indocination		11FEB15	FEB	[REDACTED]	0:00	00	00	
		ISEC	Initial Security Training		11FEB15	FEB	[REDACTED]	0:00	00	00	
E75		IEMER	Initial Emergency Training Drill		12FEB15	FEB	[REDACTED]	0:00	00	00	
E75		IGS	Initial Gen Ops & Systems		03MAR15	MAR	[REDACTED]	0:00	00	00	
E75	FO	IORAL	Initial ORAL		07MAR15	MAR	[REDACTED]	0:00	00	00	
E75		IWIND	Initial Wind Shear Training		18APR15	APR	[REDACTED]	4:00	00	00	
E75	FO	IORAL	Initial ORAL		24APR15	APR	[REDACTED]	0:00	00	00	
E75	FO	IPC	Initial Proficiency Check		24APR15	APR	[REDACTED]	2:00	00	00	
E75	FO	ILOFT	Initial LOFT		25APR15	APR	[REDACTED]	4:00	00	00	
E75	FO	IFLCNEW	Init FSP LC - New to Eq/Position (CA)		15MAY15	MAY	[REDACTED]	0:00	00	00	
E75	FO	IIOEJ	Initial Operating Experience Jet		15MAY15		[REDACTED]	34:18	09	00	
E75		CKS	Consolidation of Knowledge and Skills		18JUN15		[REDACTED]	0:00	00	00	
E75	FO	CFLCNEW	Close FSP LC - New to Eq/Position (CA)		05OCT15	NOV	[REDACTED]	1:00	01	00	
		CQHAZ	Hazardous Materials		01NOV15	NOV	[REDACTED]	0:00	00	00	
		CQOGSD	Online GS Part D - SEC, CRM, TEM, GENOPS		01NOV15	NOV	[REDACTED]	0:30	00	00	
		CQSEC	Security		01NOV15	NOV	[REDACTED]	0:00	00	00	
		ELT	Electronic Locator Transmitter Training		16MAR16		[REDACTED]	0:00	00	00	
		CQCGSI	Classroom Ground School - Even Years		26MAR16	MAR	[REDACTED]	0:00	00	00	
		ELT	Electronic Locator Transmitter Training		26MAR16		[REDACTED]	0:00	00	00	
E75		CQAS1	Aircraft Systems - Even Years		26MAR16	MAR	[REDACTED]	0:00	00	00	

ASH PRINTED: 17JUL17 1152
 Summary - All Training Report - by Date/Eqpt/Pos
 ID # [REDACTED] ASKA CONRAD JULES ADRIAN
 Qual1: IAH -E75 -FO Qual2: - Qual3: - Qual4: -
 Certificate# ATP: [REDACTED] Certificate # COM: Certificate # FE :
 Date of Medical: 11APR17

A/C	PGS	CODE	DESCRIPTION	S/U	TrgDate	BaseMonth	Instructor#	Hrs/min.	Lndgs	Cls	FAA
E75		CQEMERD	Emergency Drills - Hands On		26MAR16	MAR	[REDACTED]	0:00	00	00	
E75		CATII	Cat2		28MAR16		[REDACTED]	0:00	00	00	
E75	FO	CQLOE	Line Operational Evaluation		28MAR16	MAR	[REDACTED]	2:00	03	00	
E75	FO	CQMVAL	Maneuvers Validation		28MAR16	MAR	[REDACTED]	2:00	00	00	
		CQHAZ	Hazardous Materials		01MAY16	MAY	[REDACTED]	0:00	00	00	
		CQOGSA	Online GS Part A - SEC, CRM, TEM, GENOPS		01MAY16	MAY	[REDACTED]	0:00	00	00	
		CQSEC	Security		01MAY16	MAY	[REDACTED]	0:00	00	00	
		CQHAZ	Hazardous Materials		01NOV16	NOV	[REDACTED]	0:00	00	00	
		CQOGSB	Online GS Part B - SEC, CRM, TEM, GENOPS		01NOV16	NOV	[REDACTED]	0:00	00	00	
		CQSEC	Security		01NOV16	NOV	[REDACTED]	0:00	00	00	
		CQCGS2	Classroom Ground School - Odd Years		03FEB17	FEB	[REDACTED]	0:00	00	00	
		EJT	Electronic Locator Transmitter Training		03FEB17		[REDACTED]	0:00	00	00	
E75		CQAS2	Aircraft Systems - Odd Years		03FEB17	FEB	[REDACTED]	0:00	00	00	
E75		CQEMERD	Emergency Drills - Hands On		03FEB17	FEB	[REDACTED]	0:00	00	00	
E75		CATII	Cat2		05FEB17		[REDACTED]	0:00	00	00	
E75	FO	CQLOE	Line Operational Evaluation		05FEB17	FEB	[REDACTED]	2:00	03	00	
E75	FO	CQMVAL	Maneuvers Validation		05FEB17	FEB	[REDACTED]	2:00	00	00	
E75		UEMER	Upgrade Emergency Training Drill		15APR17	APR	[REDACTED]	0:00	00	00	
			CABIN DOOR AND EMERGENCY EGRESS (SLIDE) TRAINING.				[REDACTED]				
E75		UGS	Upgrade Gen Ops & Systems		15APR17	APR	[REDACTED]	0:00	00	00	
		CQHAZ	Hazardous Materials		01MAY17	MAY	[REDACTED]	0:00	00	00	
		CQOGSC	Online GS Part C - SEC, CRM, TEM, GENOPS		01MAY17	MAY	[REDACTED]	0:00	00	00	

ASA PRINTED: 17JUL17 1152
 Summary - All Training Report - by Date/Eqpt/Pos
 ID # [REDACTED] ASKA CONRAD JULES ADRIAN
 Qual1: IAH -E75 -FC Qual2: Qual3: Qual4:
 Certificate# ATP: [REDACTED] Certificate # COM: Certificate # FE :
 Date of Medical: 11APR17

A/C	POS	CODE	DESCRIPTION	S/U	TrgDate	BaseMonth	Instructor#	Hrs/min.	Lnogs	Cis	FAA
		CQSEC	Security		01MAY17	MAY	[REDACTED]	0:00	00	00	
		CQCGS2	Classroom Ground School - Odd Years		12MAY17	MAY	[REDACTED]	0:00	00	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
		ELT	Electronic Locator Transmitter Training		12MAY17		[REDACTED]	0:00	00	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
E75		CQAS2	Aircraft Systems - Odd Years		12MAY17	MAY	[REDACTED]	0:00	00	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
E75		CQEMERD	Emergency Drills - Hands On		12MAY17	MAY	[REDACTED]	0:00	00	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
E75		CATII	Cat2		14MAY17		[REDACTED]	0:00	00	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
E75	FO	CQLOE	Line Operational Evaluation		14MAY17	MAY	[REDACTED]	2:00	03	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
E75	FO	CQMVAl	Maneuvers Validation		14MAY17	MAY	[REDACTED]	2:00	00	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
E75	FO	CQLC	Line Check		19MAY17	MAY	[REDACTED]	5:54	01	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				
E75	FO	QOIS	Requal Operating Experience Jet		19MAY17	MAY	[REDACTED]	5:54	02	00	
			PER EMAIL RECEIVED ON 09MAY17. HE IS RETURNING TO FO.				[REDACTED]				

END OF EMPLOYEE REPORT

4

ASH PRINTED: 17JUL17 1152
Summary - All Training Report - by Date/Eqpt/Pos
ID # [REDACTED] ASXA CONRAD JULES ADRIAN
Qual1: IAH -E75 -FC Qual2: - Qual3: - Qual4: -
Certificate# ATP: [REDACTED] Certificate # COM: Certificate # FE :
Date of Medical: 11APR17

A/C	POS	CGDE	DESCRIPTION	S/U	TrgDate	BaseMonth	Instructor#	Hrs/Min.	Edgs	Cls	FAA
-----	-----	------	-------------	-----	---------	-----------	-------------	----------	------	-----	-----

End Of Report

TRANSSTATES AIR

Pilot Records Improvement Act (PRIA) Report

User: Conrad Aska (22889)
 Requirement: Multiple
 Start Date: 2012-07-11
 End Date: 2017-07-11
 Records: 23

Position History

Position	Category	Start Date	End Date
FO N&O	EMB	6/18/2014	8/10/2014

Certificates

Requirement	Completion Date	Due Date	License	Class
-------------	-----------------	----------	---------	-------

Training

Requirement	Completion Date	Completion Code	Instructor	Hours	Landings	Cycles	Authority
PCKS_DQ	8/9/2014	Satisfactory			0	0	
PREME	8/27/2014	Satisfactory	█ BOSCHERT, MICHAEL	200	0	0	
PCOMPDQTR	8/15/2014	Satisfactory			0	0	

Notes:
 DEQUALIFY ON UNSATISFACTORY TRAINING :

QRS_PRIA_Report █ 07/11/2017 10:09:04

Copyright © 2017 Comply365, LLC Page 1 of 3

PSLFX	8/15/2014	Unsatisfactory	██████ LYNCH, SEAN	0:49	1	0
PIOEJ	6/16/2014	Satisfactory	██████ WALSH, JOHN	32:43	14	23
PILC	6/16/2014	Satisfactory	Walsh, John (██████)	1:30	01	01
PPFI	6/16/2014	Satisfactory	██████ WALSH, JOHN			
PHLOFT	5/18/2014	Satisfactory	██████ MILLER, BENJAMIN	4:00		
PIAFT	5/18/2014	Satisfactory	██████ MILLER, BENJAMIN	37:00	8	
Notes: INCLUDES 4 HOURS LOFT						
PIPC100	5/12/2014	Satisfactory	██████ BOSCHERT, MICHAEL	1:00		
PREME	5/12/2014	Satisfactory	██████ FOSTER, RICHARD	2:00	0	0
Notes: I CERTIFY THAT I HAVE GIVEN CONRAD ASKA TNG IN AREAS FOUND DEFICIENT & CONSIDER THIS PERSON PROFICIENT TO TAKE RE-CHK						
PIPC100	5/11/2014	Unsatisfactory	██████ SABELLA, JACK	2:05	3	
PIWIND	5/5/2014	Satisfactory	██████ HOFFMAN, MARK	2:00		
PIPCO	4/28/2014	Satisfactory	██████ PATTERSON, MATTHEW	1:30		
Notes: ORAL RECHECK						
PIPCO	4/22/2014	Unsatisfactory	██████ HEIDEMAN, STEVEN	1:20		
PIAGT	4/17/2014	Satisfactory	██████ KOHLER, DANIEL			
PIOPS	3/28/2014	Satisfactory	██████ MIX, SCOTT			
PIES	3/24/2014	Satisfactory	██████ MIX, SCOTT			
PICRM	3/21/2014	Satisfactory	██████ HOFFMAN, MARK			
IBI	3/19/2014	Satisfactory	██████ ZEHNDER, RANDALL			
PIHAZ	3/18/2014	Satisfactory	Zehnder, Randall (██████)			

Notes:
FA CERTIFIES THAT THE TRNG & TESTING HAS BEEN COMPLETED IN ACCORDANCE WITH THE FAR TRANS STATES AIRLINES LLC 11495 NAVAID RD BRIDGETON MO 63044

DATE	2/18/2014	Satisfactory	Zehnder, Randall						
DATE	3/11/2014	Satisfactory	[REDACTED] IX, SCOTT						

This training record is protected under the 49 USC §44703.

Conrad Aska
8816 Citrus Village Drive
Tampa, FL 33626
[REDACTED]

Sep 10th, 2014

Transstate Airlines
11495 Navaid RD
Bridgeton, MO 63044

Captain Jim Evans

It is with mixed emotions, yet with firm conviction, that I write this letter of resignation from Transstate Airlines.

Over the past few months, I had a few family issues, from my mom fighting cancer and is currently readmitted for surgery again, I had a divorce, and a teenage daughter who is all affected by this.

I have made my decision after considerable deliberation which was not easy for me. However, this will give some time to refocus on what is important so I could get back flying as soon as possible.

I am therefore resigning from first officer position, effective Sep 10th, 2014.

Sincerely,

[REDACTED]
Conrad Aska

Form Approved: CMB No. 2120-0807
EPA 8/31/2010

**AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER
PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40**

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Part I:
To be completed by the new employer, signed by the applicant/employee, and transmitted to the previous employer.

TO: Mesa Airlines
(Previous Employer Name - Printed)
110 N. 11th Street Phoenix AZ 85008
(Street Address) (City) (State) (Zip)

I, Conrad J. Aska SSN: [REDACTED] have applied for employment
(Applicant/Employee Name - Printed) (Social Security Number - Printed)
 with Atlas Air, Inc. UIC# 784U and hereby authorize the
(Hiring Air Carrier Name - Printed) (Air Carrier Certificate Number)

release of records from Department of Transportation-regulated drug and alcohol testing of me by my previous employer,
 to Summit Security Services Representative FAX Number: [REDACTED]
(Printed Name of the Designated Employer Representative (DER) authorized to receive the released records) (Air Carrier)

I understand that this release of 5 years of records by my previous employer satisfies the requirements of DOT Code of Federal Regulations 49 CFR § 40.25(a)-(f) and 49 CFR § 40.333, and is limited to the following DOT-regulated testing records:

1. Confirmed alcohol test results indicating an alcohol concentration of 0.04 or greater;
2. Verified positive drug test results;
3. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated test results);
4. Documentation of other violations of DOT agency drug and alcohol testing regulations;
5. Substance Abuse Professional (SAP) reports;
6. All follow-up test results and schedules for follow-up tests, including documentation of each return-to-duty test;
7. Information obtained from previous employers under 49 CFR § 40.25 concerning drug and/or alcohol violations;
8. Records of negative and cancelled drug test results, and confirmed alcohol test results with an alcohol concentration of less than 0.039.

Applicant/Employee Signature: [REDACTED] Date: 6/20/17

A reproduction of this authorization shall be deemed effective and valid as an original.

Part II:
To be completed by the previous employer (DER) and transmitted by mail or fax to the new employer.

In the five-year period, prior to the date of the employee's signature in Part I, for DOT regulated testing:

1. Did the employee have any confirmed alcohol tests with a concentration of 0.04 or higher? YES ___ NO
2. Did the employee have any verified positive drug tests? YES ___ NO
3. Did the employee refuse to be tested? YES ___ NO
4. Did the employee have other violations of DOT agency drug and/or alcohol testing regulations? YES ___ NO
5. Did a previous employer report a drug and/or alcohol rule violation to you? YES ___ NO
6. If you answered 'yes' to any of the above items, did the employee complete the 'return-to-duty' process? N/A YES ___ NO ___

If you answered 'yes' to item 6, please provide the appropriate return-to-duty documentation (SAP reports and follow-up testing). 49 U.S.C. § 44703(h)(1)(B) requires 'records' to be furnished. This includes records of positive as well as negative results.

Name of the Designated Employer Representative (DER) providing the records: Sheryl Johnson
 Phone Number: [REDACTED] Email or FAX Number: [REDACTED] Date: 7-21-17

PREVIOUS EMPLOYER: If the individual named in Part I above has requested a copy of their records pursuant to a PRIA records request on FAA Form 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY - AIR CARRIER AND OTHER RECORDS (PRIA), copies of the Drug and Alcohol records must be provided to the individual (Title 49 U.S.C. § 44703(b)(6)). Forward copies of the Drug and Alcohol records to the address provided by the individual on FAA Form 8060-11A.

FAA Form 8060-12 (10-05)

Occupational Physician Services
P.O. Box 15394
Scottsdale, AZ 85267

ATTENTION:

Andrea Preciado
Mesa Airlines
410 N 44Th Street
Phoenix, AZ 85008

Participant: Conrad Aska
Participant ID: [REDACTED]
SSN: [REDACTED]


Results of DOT Controlled Substance Test

Record Status: Negative
Test Type: Pre-Employment
Collection Date/Time: 02/04/2016 06:46 AM
Batch ID: [REDACTED]
Specimen ID: [REDACTED]
Date COC Received: 02/04/2015
Sample Type: Urine
Test Panel: 5-Substances

Laboratory: Southwest Laboratories
4625 E. Colton Center Blvd.
Phoenix, AZ 85040
Collection Site: MDT Services On Site
Specimen Collector: VICTORIA DELGADO
DOT Admin(s): FAA

Test Performed	Result	Test Performed	Result
Amphetamines	Negative	Marijuana	Negative
Cocaine	Negative	Opiates	Negative
Phencyclidine	Negative		

This test was performed, recorded, and reported in accordance with 49 CFR Part 40.


Timothy T. Woehl, MD, MRO

2/4/2015
Verification Date

Results for Conrad Aska, Participant ID: [REDACTED]

Printed on 2/4/2016 at 4:41:40PM

Occupational Physician Services
P.O. Box 15394
Scottsdale, AZ 85267



ATTENTION:

Andrea Preclado
Mesa Airlines
410 N 44Th Street
Phoenix, AZ 85008

Participant: Conrad Aska
Participant ID: [REDACTED]
SSN: [REDACTED]

Results of DOT Controlled Substance Test

Record Status: Negative
Test Type: Random test
Collection Date/Time: 05/19/2017 8:30 PM
Batch ID: [REDACTED]
Specimen ID: [REDACTED]
Date COC Received: 05/23/2017
Sample Type: Urine
Test Panel: 6-Substances

Laboratory: Labcorp
1120 Main Street
Southaven, MS 38871
Collection Site: MDT HOUSTON
3100 N Terminal Road
Houston, TX 77032
Specimen Collector: LUCY RAMON
DOT Admin(s): FAA

<u>Test Performed</u>	<u>Result</u>	<u>Test Performed</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana	Negative	Opiates	Negative
Phencyclidine	Negative		

This test was performed, recorded, and reported in accordance with 49 CFR Part 40.

Donor ID: 53724



Timothy T. Woehl, MD, MRO

5/23/2017

Verification Date

Results for Conrad Aska, Participant ID: [REDACTED]

Printed on 5/23/2017 at 1:08:41PM

From: Safety Safety

Fax: (888) 412-1697

To: 516886635@profax.com Fax: (516) 866-0856

Page 2 of 2 07/11/2017 8:16 AM

Form Approved: OMB No. 2129-0607
Exp. 6/31/2010

**AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER
PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40**

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Part I:
To be completed by the new employer, signed by the applicant/employee, and transmitted to the previous employer.

TO: TRANS STATES AIRLINES
(Employer Name)

11495 NAWD RD, STE 340, BRIDGE TON, MO 63044
(Address) (City) (State) (Zip)

I, Conrad J. Aspa, ESN: [REDACTED] have applied for employment
(Applicant/Employee Name) (Employer Identification Number)

with Atlas Air, Inc. UIC# 784U and hereby authorize the
(Employer Name) (Air Carrier Certificate Number)

release of records from Department of Transportation-regulated drug and alcohol testing of me by my previous employer,
to Summit Security Services Representative FAX Number: [REDACTED]
(Designated Employer Representative (DER) authorized to receive the records) (Air Carrier)

I understand that this release of 5 years of records by my previous employer satisfies the requirements of DOT Code of Federal Regulations 49 CFR § 40.25(a)-(f) and 49 CFR § 40.333, and is limited to the following DOT-regulated testing records:

1. Confirmed alcohol test results indicating an alcohol concentration of 0.04 or greater;
2. Verified positive drug test results;
3. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated test results);
4. Documentation of other violations of DOT agency drug and alcohol testing regulations;
5. Substance Abuse Professional (SAP) reports;
6. All follow-up test results and schedules for follow-up tests, including documentation of each return-to-duty test;
7. Information obtained from previous employers under 49 CFR § 40.25 concerning drug and/or alcohol violations;
8. Records of negative and cancelled drug test results, and confirmed alcohol test results with an alcohol concentration of less than 0.039.

Applicant/Employee Signature: [REDACTED] Date: 6/20/17

A reproduction of this authorization shall be deemed effective and valid as an original.

Part II:
To be completed by the previous employer (DER) and transmitted by mail or fax to the new employer.

In the five year period, prior to the date of the employee's signature in Part I, for DOT regulated testing:

1. Did the employee have any confirmed alcohol tests with a concentration of 0.04 or higher? YES ___ NO X
2. Did the employee have any verified positive drug tests? YES ___ NO X
3. Did the employee refuse to be tested? YES ___ NO X
4. Did the employee have other violations of DOT agency drug and/or alcohol testing regulations? YES ___ NO X
5. Did a previous employer report a drug and/or alcohol rule violation to you? YES ___ NO X
6. If you answered 'yes' to any of the above items, did the employee complete the 'return-to-duty' process? N/A X YES ___ NO ___

If you answered 'yes' to item 6, please provide the appropriate return-to-duty documentation (SAP reports and follow-up testing). 49 U.S.C. § 44703(h)(1)(B) requires 'records' to be furnished. This includes records of positive as well as negative results.

Name of the Designated Employer Representative (DER) providing the records: Mary Kay Koehler

Phone Number: [REDACTED] Email or FAX Number: [REDACTED] Date: 7/11/17

PREVIOUS EMPLOYER: If the individual named in Part I above has requested a copy of their records pursuant to a PRIA records request on FAA Form 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY -- AIR CARRIER AND OTHER RECORDS (PRIA), copies of the Drug and Alcohol records must be provided to the individual (Title 49 U.S.C. § 44703(h)(6)). Forward copies of the Drug and Alcohol records to the address provided by the individual on FAA Form 8060-11A.

FAA Form 8060-12 (10-05)

Form Approved: OMB No. 2120-0507
Exp. 03/31/2010

**AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER
PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40**
Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended.

Part I:
To be completed by the new employer, signed by the applicant/employee, and transmitted to the previous employer.

TO: CHARTER AIR TRANSPORT
(Previous Employer Name - Printed)
218 JACOBSON ST MATLAW FL 32751
(Street Address) (City) (State) (Zip)
I, Conrad J. Aska SSN: [REDACTED] have applied for employment
(Applicant/Employee Name - Printed) (OPTIONAL - See the Privacy Act statement)
with Atlas Air, Inc. UIC# 784U and hereby authorize the
(Air Carrier Name - Printed) (Air Carrier Certificate Number)

release of records from Department of Transportation-regulated drug and alcohol testing of me by my previous employer,
to Summit Security Services Representative FAX Number: [REDACTED]
(Printed name of the Designated Employer Representative (DER) authorized to receive the released records) (Air Carrier)

I understand that this release of 5 years of records by my previous employer satisfies the requirements of DOT Code of Federal
Regulations 49 CFR § 40.25(a)-(l) and 49 CFR § 40.333, and is limited to the following DOT-regulated testing records:

- 1. Confirmed alcohol test results indicating an alcohol concentration of 0.04 or greater;
- 2. Verified positive drug test results;
- 3. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated test results);
- 4. Documentation of other violations of DOT agency drug and alcohol testing regulations;
- 5. Substance Abuse Professional (SAP) reports;
- 6. All follow-up test results and schedules for follow-up tests, including documentation of each return-to-duty test;
- 7. Information obtained from previous employers under 49 CFR § 40.25 concerning drug and/or alcohol violations;
- 8. Records of negative and cancelled drug test results, and confirmed alcohol test results with an alcohol concentration of less than 0.039.

Applicant/Employee Signature: [REDACTED] Date: 6/20/17

A reproduction of this authorization shall be deemed effective and valid as an original.

Part II:
To be completed by the previous employer (DER) and transmitted by mail or fax to the new employer.

In the five year period, prior to the date of the employee's signature in Part I, for DOT regulated testing:

- 1. Did the employee have any confirmed alcohol tests with a concentration of 0.04 or higher? YES ___ NO
- 2. Did the employee have any verified positive drug tests? YES ___ NO
- 3. Did the employee refuse to be tested? YES ___ NO
- 4. Did the employee have other violations of DOT agency drug and/or alcohol testing regulations? YES ___ NO
- 5. Did a previous employer report a drug and/or alcohol rule violation to you? YES ___ NO
- 6. If you answered 'yes' to any of the above items, did the employee complete the 'return-to-duty' process? N/A YES ___ NO ___

If you answered 'yes' to item 6, please provide the appropriate return-to-duty documentation (SAP reports and follow-up testing).
49 U.S.C. § 44703(h)(1)(B) requires records to be furnished. This includes records of positive as well as negative results.

Name of the Designated Employer Representative (DER) providing the records: RIY VESSE - DER
Phone Number: [REDACTED] Email or FAX Number: [REDACTED] Date: 7/28/17

PREVIOUS EMPLOYER: If the individual named in Part I above has requested a copy of their records pursuant to a PRIA records request on FAA Form 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY -- AIR CARRIER AND OTHER RECORDS (PRIA), copies of the Drug and Alcohol records must be provided to the individual (Title 49 U.S.C. § 44703(b)(6)). Forward copies of the Drug and Alcohol records to the address provided by the individual on FAA Form 8060-11A.



US Department
of Transportation
Federal Aviation
Administration

FAA RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Requests for FAA records should be addressed as follows:

Regular mail through the United States Postal Service (USPS): Federal Aviation Administration Attn: Aviation Data Systems Branch, AFS-620 (PRIA) PO Box 25082 Oklahoma City, OK 73125-0082	Expedited mail service through the USPS or private carrier: Federal Aviation Administration Attn: Aviation Data Systems Branch, AFS-620 (PRIA) 6500 S. MacArthur Blvd., ARB Room 313 Oklahoma City, OK 73169
--	--

NOTICE

Request will not be deemed valid unless Parts I and II are completed as specified in the instructions.

Pursuant to 49 U.S.C. § 44703(h)(5), the FAA, as a person who receives a request for records under 49 U.S.C. § 44703(h)(1)(A), shall furnish a copy of the requested FAA records to ALL applicants, not later than 30 days after receiving the request.

PART I: FAA RECORDS REQUEST (PRIA)

Atlas Air, Inc. , UIEA 784U , hereby requests records pertaining
(Air Carrier Name) (Air Carrier Certificate #)

to the airman consenting in Part II below concerning: (i) current airman medical certificate; (ii) current airman certificates indicating level, category, class, and associated type ratings, including any limitations to those certificates and ratings; and, (iii) summaries of legal enforcement actions resulting in a finding by the Administrator of a violation of Title 49 U.S.C. or a regulation prescribed or order issued under this Title that was not subsequently overturned [as provided by 49 U.S.C. § 44703(h)(1)(A)].

Name: Summit Security Representative Title: PRIA/DOT Verifications
(Print - Air Carrier Representative) (Print - Title of Air Carrier Representative)

Signature: _____ Date: _____
(Air Carrier Representative)

Mailing address: Summit Security Services, Inc. - PRIA Department
3191 W. Temple Ave., Suite 248
Pomona, CA 91768
Telephone 888-869-8444 FAX 516-686-0635

PART II: AIRMAN CONSENT FOR THE RELEASE OF RECORDS

I Conrad Jules Aska , consent to and authorize the Federal Aviation Administration
(Print - Airman's First, Middle, and Last Name)

to release records concerning: (i) my current airman medical certificate, (ii) current airman certificates indicating level, category, class, and associated type ratings, including any limitations to those certificates and ratings; and, (iii) summaries of legal enforcement actions resulting in a finding by the Administrator of a violation by me of Title 49 U.S.C. or a regulation prescribed or order issued under this Title that was not subsequently overturned, to the air carrier named in Part I above.

Airman Certificate Number(s): [REDACTED]

Signature: [REDACTED] Date: 6/20/2017
(Not valid unless signed and dated)

*Mailing address: _____
(*Indicates required information. See Instructions: Part II, item 4)

[REDACTED]

Miami FL 33136

Telephone: [REDACTED]



U.S. Department
of Transportation
**Federal Aviation
Administration**

AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – FAA RECORDS (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

NOTICE

Title 49 U.S.C. § 44703(h)(6) requires the person receiving a records request to notify the individual who is the subject of the request within 20 days after receiving the request, and further entitles the individual the right to receive a complete copy of all FAA records furnished in response to the request within 30-days after receiving the request.

Title 49 U.S.C. § 44703(h)(7) allows for a reasonable charge for the cost of processing the request and furnishing copies of the requested records.

PART I: AIRMAN NOTICE AND RIGHT TO RECEIVE COPY

Conrad Jules ASKA

(Airman Name – First, Middle, Last)

(Airman Certificate #)

Pursuant to 49 U.S.C. § 44703(h)(6), you are hereby notified that

ATLAS AIR, INC.

(Air Carrier Name)

UIEA784U

submitted an FAA Records Request (PRIA) dated

6/20/2017

(Air Carrier Certificate Number)

(Date of Request)

for your records concerning: (i) current airman medical certificate; (ii) current airman certificates indicating level, category, class, and associated type ratings, including any limitations to those certificates and ratings; and, (iii) summaries of legal enforcement actions resulting in a finding by the Administrator of a violation of Title 49 U.S.C. or a regulation prescribed or order issued under this Title that was not subsequently overturned [as provided by 49 U.S.C. § 44703(h)(1)(A)].

You are hereby notified of your right to receive a copy of any and all records furnished by the Federal Aviation Administration in response to the aforementioned records request, and that you may request a copy of such records by checking yes, signing, and dating in Part II below. **Refer to the NOTICE in the attached instructions.**

PART II: AIRMAN REQUEST OR NON-REQUEST FOR RECORDS

YES, I want a copy of the furnished records.

NO, I do not want a copy of the furnished records.

(Signature)

(Not valid unless signed and dated)

(Date)

*Mailing address:

(*Indicates required information. See Instructions: Part II, item 3)

[Redacted]

Miami FL 33136

Telephone:

[Redacted]



U.S. Department of Transportation
Federal Aviation Administration

AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

NOTICE

Request will not be deemed valid unless Parts I and II are completed as specified in the instructions.

Pursuant to 49 U.S.C. § 44703(h)(5), the Air Carrier, as a person who receives a request for records under 49 U.S.C. § 44703(h)(1)(B) shall furnish a copy of such requested records maintained by that person not later than 30 days after receiving the request.

PART I: AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

To: MESA-AIR LINES
410 N 44th Suite 700
PHOENIX AZ 85008

Atlas Air, Inc (Air Carrier Name), U1EA 784U (Air Carrier Certificate Number), hereby requests copies of

records as required under 49 U.S.C. § 44703(h)(1)(B), as amended, pertaining to the airman consenting in Part II below.

Name: Summit Security Representative (Print - Air Carrier Representative) Title: PRIA/DOT Verifications (Print—Title of Air Carrier Representative)

Signature: _____ Date: _____
(Air Carrier Representative)

Mail Records To: Summit Security Services, Inc. - PRIA Department
3191 W. Temple Ave., Suite 248
Pomona, CA 91768

Telephone: (888) 869-8444 FAX: (516) 686-0635

PART II: AIRMAN CONSENT FOR THE RELEASE OF RECORDS

I CONRAD Jules Aska (Print - Airman's First, Middle, and Last Name), consent to and authorize my current or previous

employer MESA-AIR lines (Print—Employer Name) to release records pertaining to

me as required under 49 U.S.C. § 44703(h)(1)(B) to the air carrier named in Part I above.

Airman Certificate Number(s): [REDACTED]

Signature: [REDACTED] Date: 6/20/17
(Not valid unless signed and dated)

*Mailing address:

(*Indicates required information. See Instructions: Part II, item 4)

[REDACTED]

Miami FL 33136

Telephone: [REDACTED]



U.S. Department of Transportation
Federal Aviation Administration

AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

NOTICE

Request will not be deemed valid unless Parts I and II are completed as specified in the instructions.

Pursuant to 49 U.S.C. § 44703(h)(5), the Air Carrier, as a person who receives a request for records under 49 U.S.C. § 44703(h)(1)(B) shall furnish a copy of such requested records maintained by that person not later than 30 days after receiving the request.

PART I: AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

To: Transtate Airlines
11495 NAVAID RD Suite 340
Bridgeton MD 63044

Atlas Air, Inc _____, U1EA 784U _____, hereby requests copies of
(Air Carrier Name) (Air Carrier Certificate Number)

records as required under 49 U.S.C. § 44703(h)(1)(B), as amended, pertaining to the airman consenting in Part II below.

Name: Summit Security Representative Title: PRIA/DOT Verifications
(Print - Air Carrier Representative) (Print - Title of Air Carrier Representative)

Signature: _____ Date: _____
(Air Carrier Representative)

Mail Records To: Summit Security Services, Inc. - PRIA Department
3191 W. Temple Ave., Suite 248
Pomona, CA 91768

Telephone: (888) 869-8444 FAX: (516) 686-0635

PART II: AIRMAN CONSENT FOR THE RELEASE OF RECORDS

I CONRAD Jules ASKA, consent to and authorize my current or previous
(Print - Airman's First, Middle, and Last Name)
employer Transtate Airlines to release records pertaining to
(Print - Employer Name)
me as required under 49 U.S.C. § 44703(h)(1)(B) to the air carrier named in Part I above.

Airman Certificate Number(s): [REDACTED]

Signature: [REDACTED] Date: 6/20/17
(Not valid unless signed and dated)

*Mailing address: _____
(*Indicates required information. See Instructions: Part II, item 4)

[REDACTED]
Miami FL 33136

Telephone: [REDACTED]



U.S. Department of Transportation
Federal Aviation Administration

AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

NOTICE

Request will not be deemed valid unless Parts I and II are completed as specified in the instructions.

Pursuant to 49 U.S.C. § 44703(h)(5), the Air Carrier, as a person who receives a request for records under 49 U.S.C. § 44703(h)(1)(B) shall furnish a copy of such requested records maintained by that person not later than 30 days after receiving the request.

PART I: AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

To: Charter Air Transport
218 Jackson St
Maitland FL 32751

Atlas Air, Inc , UIEA 784U , hereby requests copies of
(Air Carrier Name) (Air Carrier Certificate Number)

records as required under 49 U.S.C. § 44703(h)(1)(B), as amended, pertaining to the airman consenting in Part II below.

Name: Summit Security Representative Title: PRIA/DOT Verifications
(Print - Air Carrier Representative) (Print--Title of Air Carrier Representative)

Signature: _____ Date: _____
(Air Carrier Representative)

Mail Records To: Summit Security Services, Inc. - PRIA Department
3191 W. Temple Ave., Suite 248
Pomona, CA 91768

Telephone: (888) 869-8444 FAX: (516) 686-0635

PART II: AIRMAN CONSENT FOR THE RELEASE OF RECORDS

I Conrad Jules Aska , consent to and authorize my current or previous
(Print - Airman's First, Middle, and Last Name)
employer Charter Air Transport to release records pertaining to
(Print - Employer Name)
me as required under 49 U.S.C. § 44703(h)(1)(B) to the air carrier named in Part I above.

Airman Certificate Number(s): [REDACTED]

Signature: [REDACTED] Date: 6/20/2017
(Not valid unless signed and dated)

*Mailing address: _____
(*Indicates required information. See Instructions: Part II, item 4)

[REDACTED]

Miami FL 33136

Telephone: [REDACTED]



U.S. Department
of Transportation
**Federal Aviation
Administration**

AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – AIR CARRIER AND OTHER RECORDS (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

NOTICE

Title 49 U.S.C. § 44703(h)(6) requires the person receiving a records request to notify the individual who is the subject of the request within 20 days after receiving the request, and further entitles the individual the right to receive a complete copy of all Air Carrier And Other Records furnished in response to the request within 30-days after receiving the request.

Title 49 U.S.C. § 44703(h)(7) allows for a reasonable charge for the cost of processing the request and furnishing copies of the requested records.

PART I: AIRMAN NOTICE AND RIGHT TO RECEIVE COPY

Conrad Jules Aska

(Airman Name – First, Middle, Last)

590554426

(Airman Certificate Number)

Pursuant to 49 U.S.C. § 44703(h)(6), you are hereby notified that Atlas Air, Inc.

(Air Carrier Name)

UIEA784U submitted an Air Carrier And Other Records Request (PRIA) dated,

(Air Carrier Certificate Number)

6/20/17

(Date)

for your records as required under 49 U.S.C. § 44703(h)(1)(B), as amended.

You are hereby notified of your right to receive a copy of any and all records furnished by the Air Carrier or Person in response to the aforementioned records request, and that you may request a copy of such records by checking yes, signing, and dating in Part II below. You are also notified that an air carrier that maintains, or requests and receives, the records of an individual under 49 U.S.C. § 44703(h)(1) shall provide you with a reasonable opportunity to submit written comments to correct any inaccuracies contained in the records. (See 49 U.S.C. § 44703(h)(9)).

PART II: AIRMAN REQUEST OR NON-REQUEST FOR RECORDS

YES, I want a copy of the furnished records.

NO, I do not want a copy of the furnished records.

(Signature)

[Redacted Signature]

(Not valid unless signed and dated)

(Date)

6/20/17

*Mailing address:

(*Indicates required information. See Instructions: Part II, item 3)

[Redacted Address Line]

Miami FL 33136

Telephone:

[Redacted Telephone Number]



**AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER
PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40**

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Part I:

To be completed by the new employer, signed by the applicant/employee, and transmitted to the previous employer.

TO: Mesa Airlines
(Previous Employer Name - Printed)

410 N 44th Street Phoenix AZ 85008
(Street Address) (City) (State) (Zip)

I, Conrad J. Aska SSN: 590554426 have applied for employment
(Applicant/Employee Name - Printed) (OPTIONAL - See the attached Privacy Act statement)

with Atlas Air, Inc. UIEA 784U, and hereby authorize the
(Hiring Air Carrier Name - Printed) (Air Carrier Certificate Number)

release of records from Department of Transportation-regulated drug and alcohol testing of me by my previous employer,
to Summit Security Services Representative FAX Number: (516) 686-0635
(Printed name of the Designated Employer Representative (DER) authorized to receive the released records) (Of the hiring Air Carrier)

I understand that this release of 5 years of records by my previous employer satisfies the requirements of DOT Code of Federal Regulations 49 CFR § 40.25(a)-(i) and 49 CFR § 40.333, and is limited to the following DOT-regulated testing records:

1. Confirmed alcohol test results indicating an alcohol concentration of 0.04 or greater;
2. Verified positive drug test results;
3. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated test results);
4. Documentation of other violations of DOT agency drug and alcohol testing regulations;
5. Substance Abuse Professional (SAP) reports;
6. All follow-up test results and schedules for follow-up tests, including documentation of each return-to-duty test;
7. Information obtained from previous employers under 49 CFR § 40.25 concerning drug and/or alcohol violations;
8. Records of negative and cancelled drug test results, and confirmed alcohol test results with an alcohol concentration of less than 0.039.

Applicant/Employee Signature: [Redacted] Date: 6/20/17

A reproduction of this authorization shall be deemed effective and valid as an original.

Part II:

To be completed by the previous employer (DER) and transmitted by mail or fax to the new employer.

In the **five year** period, prior to the date of the employee's signature in Part I, for DOT regulated testing:

1. Did the employee have any confirmed alcohol tests with a concentration of 0.04 or higher? YES ___ NO ___
2. Did the employee have any verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and/or alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and/or alcohol rule violation to you? YES ___ NO ___
6. If you answered 'yes' to any of the above items, did the employee complete the 'return-to-duty' process? N/A ___ YES ___ NO ___

If you answered 'yes' to item 6, please provide the appropriate return-to-duty documentation (SAP reports and follow-up testing). 49 U.S.C. § 44703(h)(1)(B) requires 'records' to be furnished. This includes records of positive as well as negative results.

Name of the Designated Employer Representative (DER) providing the records: _____

Phone Number: _____ Email or FAX Number: _____ Date: _____

PREVIOUS EMPLOYER: If the individual named in Part I above has requested a copy of their records pursuant to a PRIA records request on FAA Form 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY -- AIR CARRIER AND OTHER RECORDS (PRIA), copies of the Drug and Alcohol records must be provided to the individual (Title 49 U.S.C. § 44703(h)(6)). Forward copies of the Drug and Alcohol records to the address provided by the individual on FAA Form 8060-11A.

All Applications for Safety-Sensitive Positions

Per 49 CFR Part 40.25 J, please fill out below all employers and the positions you held in the last two (2) years:

Company Name	Position Held	Dates of Employment	Was this Position Safety-Sensitive?	
Mesa Airlines	First Officer	02/05/2015	Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Included in the packet are two (2) DOT drug test background check forms. These forms will be sent to the previous employers for which you performed safety-sensitive duties within the past two (2) years. You only need to fill out this form if you have held a safety-sensitive position within the last two (2) years. If you have had more than two (2) employers in the last two (2) years, please make copies of this form. **Please return all forms that have been filled out.**


Pursuant to 49 CFR Part 40.25 J, all employers must ask each applicant who is hired into a safety-sensitive position the following question:

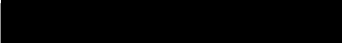
Have you tested positive for drugs and/or alcohol, or refused to take and DOT/FAA drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by the Department of Transportation drug and alcohol testing rules during the past two (2) years?

Yes No

If yes, please explain

Name: Conrad Jules Aska

Signature: 

SSN: 

Date: 6/20/2017