

**EAATS Prerequisite Checklist/Waiver Request**

Rank, Last Name, First Name, MI:	SSN (last 4 only):	Unit/AASF POC Telephone and Email:
	Aircraft and Course	
	Class #                      Start Date:	

**Complete Section I and sign at Applicant's signature block. If there are any "no" responses, complete Section II. Submit waiver requests with letter of recommendation from BN commander (O5 or higher), DD 2992 and DA 759 to the EAATS thru ARNG-AVO. EAATS FAX numbers: DSN 491-9828 cml (717) 861-9828**

<b>Section I</b> Answer YES or NO in each unshaded box in the column for that course. <b>If flight time requirements have not been met enter FLIGHT TIME instead of NO.</b>	IPC	MTPC	ASIN1	AQC	AQT
Letter of recommendation from BN CDR (O5 and above) <u>NON WAIVERABLE!</u>					
500 hours of pilot time in aircraft category (RW).					
Minimum of 250 hours in course aircraft type/design (UH-60, CH-47).					
50 hours as PC in course aircraft type/design/series (UH-60 A/L, CH-47F).					
Performed pilot duties in crs aircraft category ( <u>series for IPC</u> ) in last 180 days.					
Qualified in the CH-47D (AQT) 47F (IPC) / UH60 A/L (IPC & AQT).					
NVD qualified.					
Assigned to or on orders to, a unit with course aircraft.					
Current flight physical & up slip that will not expire during course & no pending waivers.					
Minimum of 150 hours as a UH-60 Non-rated Crewmember.					
Awarded F2 identifier (68W only).					
Qualified Active& Reserve personnel(E4 - E7), min. 1 yr as UH-60 Crewmember.					
Completed Aviation Maintenance Officer Course, Ph 1 & 2.					
Current instrument certification (Instrument Evaluation in last 12 months).					

**Section II** Complete flight times ONLY if you need a waiver. **ALL forms must be signed**

	Total Time	Last 60 Days	Last Six Months	Last Year	Last Stan Eval	Last unit, duty position
Course acft					Last Inst Eval	Next unit, duty position
RW					Justification:	
FW						
PC						
IP FW/RW						
IE or MP/ME						
NVD						
SFTS						

Applicant's signature and phone number:

**Section III EAATS Staff Recommendations**

Standardization Officer	APPROVAL	DISAPPROVAL	Signature:	Ph:
Training Company CDR	APPROVAL	DISAPPROVAL	Signature:	Ph:
Battalion Commander	APPROVAL	DISAPPROVAL	Signature:	Ph:

Remarks:

Distribution: 1 - Training Company POC 1 - Individual 1 - Course Packet (S2/S3) 1 - SAAO (disapproval only)	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>
	TODD J. TUTTLE LTC, AV Commanding	

<b>S3 PERSONNEL:</b> DATE INITIATED:	DATE:
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