

**AIRCREW QUALIFICATION
Minnesota Wing Civil Air Patrol**

Include required items (*) on all submissions. *If this is an update, enter just the information that has changed.*
Shaded areas are to be completed by Unit Commanders, Check Pilots or Administrator.
Unit Commanders submit this form to Wing when renewing aircrew 101 cards.

REASON FOR SUBMISSION * : <input type="checkbox"/> NEW INDIVIDUAL <input type="checkbox"/> CAPF 5 <input type="checkbox"/> FLIGHT CLINIC <input type="checkbox"/> OTHER <input type="checkbox"/> UPDATED PERSONAL INFORMATION <input type="checkbox"/> CAPF 91 <input type="checkbox"/> FAA WINGS PROGRAM					
CAP I.D. *	LAST NAME *		FIRST NAME *		M.I. *
ADDRESS		CITY		STATE	ZIP
HOME PHONE		WORK PHONE		FAX	
E-MAIL		PAGER		CELLULAR	
DATE OF BIRTH	UNIT NUMBER	UNIT NAME		RECORD LOCATION (IF OTHER THAN HOME UNIT)	
PILOT CERTIFICATE: <input type="checkbox"/> STU <input type="checkbox"/> PVT <input type="checkbox"/> COM <input type="checkbox"/> ATP				INSTRUMENT RATING: <input type="checkbox"/> YES	
AIRCRAFT RATINGS: <input type="checkbox"/> SEL <input type="checkbox"/> SES <input type="checkbox"/> MEL <input type="checkbox"/> MES <input type="checkbox"/> GLDR <input type="checkbox"/> RTR <input type="checkbox"/> GYR <input type="checkbox"/> LTA <input type="checkbox"/> OTHER					
INSTRUCTOR RATINGS: <input type="checkbox"/> CFIA <input type="checkbox"/> CFII <input type="checkbox"/> CFIMEI <input type="checkbox"/> CFGI EXPIRES:				GROUND INSTRUCTOR RATINGS: <input type="checkbox"/> CGI <input type="checkbox"/> CGIA <input type="checkbox"/> CGII	
MEDICAL CLASS: <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD				DATE ISSUED:	
TOTAL HOURS:		TOTAL HOURS PIC:		FLIGHT REVIEW DATE:	
FAA WINGS: WINGS DATE: _____ LEVEL: _____		FAA DESIGNATIONS: <input type="checkbox"/> DPE <input type="checkbox"/> SAFETY COUNSELOR (ASC) <input type="checkbox"/> IA <input type="checkbox"/> A & P			
CAP FLIGHT CLINIC: GROUND LOCATION: _____ DATE: _____			CAP FLIGHT CLINIC: FLIGHT COMPLETION DATE: _____		
CAPF 5 DATE: _____		MAKE / MODEL: _____		CAPF 91 DATE: _____	
MISSION : <input type="checkbox"/> PILOT <input type="checkbox"/> TRANSPORT PILOT <input type="checkbox"/> OBSERVER <input type="checkbox"/> SCANNER				101 EXPIRES: _____	
CHECK PILOT: <input type="checkbox"/> REGULAR <input type="checkbox"/> STAN / EVAL <input type="checkbox"/> MISSION <input type="checkbox"/> GLIDER TOW PILOT					
NATIONAL CHECK PILOT COURSE LOCATION: _____			DATE: _____		
CHECK PILOT CERTIFICATION - INITIAL AND SIGN BELOW AFTER REVIEWING					
AIRCRAFT QUESTIONNAIRE _____		FORM 5 WRITTEN EXAM _____		STATEMENT OF UNDERSTANDING _____	
"I HAVE REVIEWED THE APPLICABLE DOCUMENTS AND CERTIFY THAT ON THIS DATE THE ABOVE MEMBER HAS MET THE PILOT RECORD REQUIREMENTS SPECIFIED IN CAPR 60-1, SECTION 2-9, A - K".					
PRINTED or TYPED NAME : _____ CERT # _____ EXPIRES : _____					
SIGNATURE : _____ CAPID: _____ TODAY'S DATE : _____					
DATE SENT TO WING		DATE RECEIVED AT WING		DATE ENTERED IN DATABASE	