

CAF FORM 600

TO: DIRECTOR OF OPERATIONS

FROM: FLIGHT EVALUATION BOARD

SUBJECT: REQUEST FOR AIRCRAFT QUALIFICATION

We the undersigned of the _____ Wing or Squadron Flight Evaluation Board submit the following candidate for aircraft qualification.

1. Name: _____ CAF S/N: _____
(PRINT)

2. Address: _____

3. Phone number: Work _____ Residence _____

4. Aircraft desired: _____

5. Rating desired: _____

6. Reason rating required: _____

7. Will candidate sponsor this aircraft? _____

8. Which other CAF aircraft does candidate sponsor? _____

9. Does candidate participate financially in restoration or maintenance of CAF aircraft? If so, how?

10. How does candidate participate in other CAF activities? _____

11. Special skills or abilities: _____

12. State other qualifications beyond those listed which would further influence the selection of this candidate. _____

WING LEADER/FEB CHIEF _____ / _____
(PRINT) (SIGNATURE, CAF ID #)
(LAST NAME)

OPERATIONS OFFICER _____ / _____
(PRINT) (SIGNATURE, CAF ID #)
(LAST NAME)

AIRCRAFT COOR DINATOR _____ / _____
(PRINT) (SIGNATURE, CAF ID #)
(LAST NAME)

DATE: _____