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ARMS AIRCREW/MISSION FLIGHT DATA EXTRACT

(RETURN THIS FORM TO THE HOST AVIATION RESOURCE MANAGEMENT OFFICE UPON RETURN TO HOME STATION. SEE INSTRUCTIONS ON REVERSE)

PRIVACY ACT STATEMENT

AUTHORITY: *10 U.S.C 8013; 44 U.S.C. 3101; AND EO9397*

PRINCIPAL PURPOSE: *Source document for recording individual flying time, sorties and /or events for input into the Air Force Aviation Resource Management System (ARMS) and to help validate accomplishment of flying requirements needed to attain or maintain professional standards. The SSN is used for identification of individuals and records.*

ROUTINE USES: *No disclosures of this information are made outside DoD.*

DISCLOSURE IS VOLUNTARY: *Individuals furnish the information to meet qualifications and incentive pay standards. Failure to provide the information and SSN could result in loss of records with consequent loss of professional qualification and incentive pay entitlement.*

CONVERSION TABLE

01-02 MIN = .0 HR	*34-39 MIN = .6 HR*
03-08 MIN = .1 HR	*40-45 MIN = .7 HR*
09-14 MIN = .2 HR	*46-51 MIN = .8 HR*
15-20 MIN = .3 HR	*52-57 MIN = .9 HR*
21-26 MIN = .4 HR	*58-60 MIN = 1.0 HR*
27-33 MIN = .5 HR	

1. LAST NAME	2. SSAN	3. HOME UNIT	4. LOCATION

DATE *(DD MMM YYYY)*	TAKEOFF TIME *(Z)*	MDS	SERIAL NUMBER	FLT AUTH DUTY CODE	MISSION SYMBOL	FLIGHT TIME						SORTIES	FLIGHT CONDITIONS				RES STAT
						PRI	SEC	INST	EVAL	OTHER	TOTAL TIME		PRIMARY NIGHT	PRIMARY INST	PRIMARY SIM INST	NVG	

I CERTIFY THIS SUMMARY AS A TRUE EXTRACT.	5. PRINT OR TYPE NAME AND GRADE OF PERSON CERTIFYING EXTRACT	6. SIGNATURE OF PERSON CERTIFYING EXTRACT	7. DATE

ARMS PROCESSING

8. DATE AND TIME INPUT	9. NAME OF PERSON PROCESSING EXTRACT	10. DATE AND TIME AUDITED	11. NAME OF PERSON AUDITING EXTRACT