

## FORMAL TRAINING PREREQUISITES

### I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE C-17 Aircraft Commander Requal (ACRQ)/ C-17 Instructor Aircraft Commander Requal (IACRQ)	3. RANK
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4. Scheduled ACRQ/IACRQ Graduation date (MM/DD/YYYY):

5. COURSE DESCRIPTION: ACRQ/IACRQ requalifies former C-17 pilots/C-17 instructor pilots, who have been unqualified up to 8 years.

II. Prerequisites (Instructions: The specific course manager will provide the prerequisites. The trainee/student or unit/wing training manager will initial and fill in all applicable areas prior to certification.)

INITIALS	<p>1. Date unqualified in C-17: _____ ACRQ/IACRQ Class Start Date: _____</p> <p style="margin-left: 20px;">1a. See AFMAN 11-2C-17 V1 Paragraph 2.9 for details on date unqualified.</p> <p>2. Upload items listed below <b>NLT 2 weeks prior</b> to class start date to <b>TrackVia</b> Title emails to <a href="mailto:97TRS.Inprocessing@us.af.mil">97TRS.Inprocessing@us.af.mil</a> your last name, course and course start date (ex: <b>Smith_ACRQ_mm/dd/yyyy</b>)</p> <p>2a. Flight records: ARMS IDS and Flying History Report. 2b. Copy of most recent C-17 Periodic Qual Eval Form 8 with expiration date in block II, or final ARMS ITS from last C-17 assignment. 2c. Copy of Altitude Chamber card (showing current for 30 days past grad date). 2d. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (DO, training shop, etc.)</p> <p>3. Complete all items on Common Formal Training Prerequisites checklist in addition to this course specific one.</p> <p style="text-align: center; color: red;"><b>Failure to complete prerequisite items will result in the student being returned to their unit.</b></p>
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III. COMMANDER OR COMMANDER'S AUTHORIZED REPRESENTATIVE CERTIFICATION/ACKNOWLEDGEMENT  
I certify and acknowledge, all course prerequisites listed above have been verified and accomplished. Students not meeting course prerequisites will not proceed to training unless the appropriate waiver is obtained. The member has been instructed to email this form along with any other documentation described above. Additionally, this form will serve as a certification of the course prerequisites. Failure to produce this form for in-processing can result in a training delay or removal from the course. The student will not be entered into training until all prerequisites have been verified.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION

DUTY TITLE

SIGNATURE	DATE
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