FORM	IAL TRAINING PRER	EQUISITES	
I. IDENTIFICATION DATA			
1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE C-17 Instructor Aircraft Comma	ander (IAC)	3. GRADE/RANK
4. Scheduled IAC Graduation date (MM/DD/YY)	Y):		
II. PREREQUISITES			
5. Prerequisites (Instructions: The specific course will initial and fill in all applicable areas prior to ce		sites. The trainee/student or unit/wing to	aining manager
INITIALS			
1. C-17 Aircraft Commander hours required: 200 . Time required since AC cert: 6 months IAW AFMAN 11-2C-17 V1.			
Other time does not count, C17 simulator time does count.			
1a. Student's Actual C-17 Aircraft C			
1b. Student's Date of AC Cert:	IAC Course Start Da		
1c. If less than 200 hours, or less than	6 months, home unit OG waiver	is completed and attached.	
Physiological training is current for 2a. Altitude Chamber expiration date	•	nation date IAW syllabus.	
3. Flight physical (PHA) is current for	at least 30 days after course gradu	ation date IAW syllabus.	
Must have active 2992: will NOT arrive in longterm DNIF status (>30days). Short DNIF on case by case basis if it doesn't interfere with training.			
3a. 2992 exp date:			
3b. Medical waivers must be current Waiver expiration date:	• •	raduation date. N/A	
Policy Memo.		course graduation date IAW syllabus an	d/or Altus
4a. Qual/Instrument Eval exp date (A01 - AA22):	4b. Mission Eval exp date (AC27Y):	
5. Mandatory grounding items sho 5a. Emer Egress exp date (LL03): 5c. Oxygen mask fit test (LL07):		graduation date IAW AFMAN 11-2 rcrew Flight Equipment exp date (LL06	
Please enter completion date for thes 5d. Marshalling Tng Exam (GD11Y)		Life support (LL01):	
5f. Local area survival (SS01):6. Security Clearance (minimum of SECRET) Verified in JPAS & valid through class graduation date, or a reinvestigation is open prior to class start date IAW syllabus.			
7. Student has reviewed reporting instructions and has thoroughly read and agreed to abide by all policies in the AAFB Student Handbook located at https://app10-eis.aetc.af.mil/etca/SitePages/Home.aspx prior to departing for training. (must use CAC email certificates)			
8. Email items listed below NLT 2 wee Title email your last name, course an	d course start date (ex: Smith_IA	_ *****	
8a. TDY Orders (or PCS orders w/Altus TDY listed). i.e. 1610 (DTS), 938, 899, etc. Do not send your training RIP. 8b. Medical: Email DD Form 2992 from most recent PHA.			
8c. Flight records: Email copy of ARMS IDS & ARMS ITS.			
8d. Current AFFMSII Fitness Report. Scored/signed scorecards are acceptable if report is unavailable.			
8e. Copy of this completed checklist signed by Sq/CCor authorized representative (DO, training shop, etc.) 9. Student will arrive by 0715 on class start date for in-processing at building 87, 1st floor, Student Admin. Doors open at 0700.			
III. COMMANDER OR COMMANDER'S AUTHORIZED I certify and acknowledge, all course prerequisites listed abort raining unless the appropriate waiver is obtained. The meml Additionally, this form will serve as a certification of the coufrom the course. The student will not be entered into training	e have been verified and accomplished. er has been instructed to email this form se prerequisites. Failure to produce this	Students not meeting course prerequisites will a along with any other documentation described form for in-processing can result in a training of	l above.
NAME, GRADE, BR OF SVC, ORGN, COMD, L	* *		
DUTY TITLE			
SIGNATURE		DAT	 ГЕ