

## FORMAL TRAINING PREREQUISITES

### I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE C-17 Instructor Loadmaster (ILM)	3. RANK
--	---	---------

4. Scheduled ILM Graduation date (MM/DD/YYYY):

### II. PREREQUISITES

5. 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. Total Flying Hours required: <b>1000</b> IAW AFMAN 11-2C-17 V1 Table 5.1.</p> <p>1a. Student's Actual Total Flying Hours (grand total time minus simulator and other):</p> <p>1b. If less than <b>1000</b>, home unit OG waiver is completed and attached.</p> <p>2. C-17 PAA hours required: <b>200</b> IAW AFMAN 11-2C-17 V1 Table 5.1.</p> <p><b>Other time and C17 simulator time does not count.</b></p> <p>2a. Student's Actual C-17 PAA Hours:</p> <p>2b. If less than <b>200</b>, home unit OG waiver is completed and attached.</p> <p>3. Periodic flight evaluation(s) must be current for at least 30 days after course graduation date IAW syllabus and/or Altus Policy Memo.</p> <p>3a. Evaluation expiration date (AC27Y or AA01):</p> <p>4. Mandatory grounding items should be current for at least 30 days after course graduation date IAW 97 TRS Policy. 4a.</p> <p>Emer Egress exp date (LL03):</p> <p>4b. Aircrew Flight Equipment exp date (LL06):</p> <p>4c. Oxygen mask fit test (LL07):</p> <p>4d. *Emergency Parachute training (SS06):</p> <p>Please enter completion date for these one time items: <span style="float: right; font-size: small;">*only applies to airdrop-qualified loadmasters-leave blank if it doesn't apply</span></p> <p>4e. Marshalling Tng Exam (GD11Y):</p> <p>4f. Life Support (LL01):</p> <p>4g. Local area survival (SS01):</p> <p>5. 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_ILM_mm/dd/yyyy</b>)</p> <p>5a. Flight records: copy of ARMS IDS &amp; ARMS ITS.</p> <p>5b. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (DO, training shop, etc.)</p> <p>6. Complete all items on Common Formal Training Prerequisites checklist in addition to this course specific one.</p> <p style="text-align: center; color: red; font-weight: bold; margin-top: 20px;">Failure to complete prerequisite items will result in the student being returned to their unit.</p>
----------	---

### 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
-----------	------