

FORMAL TRAINING PREREQUISITES

I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE C-17 Pilot Checkout (PCO)	3. RANK
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4. Scheduled PCO 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. C-17 PAA hours required: 600 IAW MAF Experience Memo. Other/Student time does not count, C17 simulator time does count.</p> <p>1a. Student's Actual C-17 PAA Hours:</p> <p>1b. If less than 600 hours, home unit OG waiver is completed and attached.</p> <p>2. Periodic flight evaluation(s) must be current for at least 30 days after course graduation date IAW 97OG/CC Policy Memo.</p> <p>2a. Qual/Instrument Eval exp date (AA01 - AA22):</p> <p>2b. Mission Eval exp date (AC27Y):</p> <p>3. Mandatory grounding items should be current for at least 30 days after course graduation date IAW 97 TRS Policy.</p> <p>3a. Emer Egress exp date (LL03):</p> <p>3b. Aircrew Flight Equipment exp date (LL06):</p> <p>3c. AFE fit test (LL07):</p> <p>Please enter completion date for these one time items:</p> <p>3d. Marshalling Tng Exam (GD11Y):</p> <p>3e. AFE Familiarization (LL01):</p> <p>3f. Local area survival (SS01):</p> <p>4. Upload items listed below NLT 2 weeks prior to class start date to TrackVia Title emails to 97TRS.Inprocessing@us.af.mil your last name, course and course start date (ex: Smith_PCO_mm/dd/yyyy).</p> <p>4a. Flight records: copy of ARMS IDS & ARMS ITS.</p> <p>4b. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (DO, training shop, etc.)</p> <p>5. Complete all items on Common Formal Training Prerequisites checklist in addition to this course specific one.</p> <p style="text-align: center; color: red;">Failure to complete prerequisite items will result in the student being returned to their unit.</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