

FORMAL TRAINING PREREQUISITES

I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE KC-135 Aircraft Commander Upgrade (ACU)	3. RANK
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4. Scheduled ACU Graduation date (MM/DD/YYYY):

II. PREREQUISITES * YOU MUST BE BLOCK 45 CERTIFIED TO ATTEND THIS COURSE *

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	<ol style="list-style-type: none"> 1. Total Flying Hours required: 600 PAA IAW AMC/A3 MAF Pilot experiencing requirements MFR. <ol style="list-style-type: none"> 1a. Student's Actual PAA (Other time and Student time not included): 1b. If less than 600 PAA, home unit OG waiver is completed and attached. 2. MPD Phase I & II completion required. <ol style="list-style-type: none"> 2a. MPD Phase I (CP15Y) date: 2b. MPD Phase II (CP17Y) date: 3. Mandatory grounding items MUST be current through course graduation date. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">3a. Emer Egress exp date (LL03):</td> <td style="width: 50%;">3b. Aircrew Flight Equipment exp date (LL06):</td> </tr> <tr> <td colspan="2">3c. IRC exp date (GD55YM):</td> </tr> </table> <p style="margin-left: 20px;">Please enter completion date for these one time items:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">3d. Marshalling Tng Exam (GD11Y):</td> <td style="width: 50%;">3e. Local area survival (SS01):</td> </tr> <tr> <td>3f. Life Support (LL01):</td> <td>3g. Block 45 Cert (CK45Y):</td> </tr> </table> 4. Periodic sim/flight evaluation(s) MUST be current for at least 30 days after course graduation date IAW 97 OG/CC Policy. <ol style="list-style-type: none"> 4a. Qual/Instrument Eval exp date (AA01 - AA22): 4b. Mission Eval Exp date (AC23Y): 5. Student has completed the following pre-attendance training not earlier than 4 months prior to class start date IAW AFI11-2KC-135 V1 and IAW the syllabus, documented on AF Form 4022: <ol style="list-style-type: none"> 5a. Academic (CBTs): GD15YM-A, GD15YM-B, GD15YM-C, GD15YM-D, KPDE, GD39YM, KPSP, KPDA, KPDM (https://sp.kc135ats.net/SitePages/LMS.aspx) *you may have to request access* 6. Upload items listed below NLT 2 weeks prior to class start date to TrackVia <ol style="list-style-type: none"> 6a. Flight records: ARMS IDS & ARMS ITS. (excel/go no go/local versions are not accepted) 6b. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (DO, training shop, etc.) 6c. Hand carry this item (DO NOT EMAIL) AF Form 4022 (GTIMS Training Folder) for Pre-attendance Training. 7. IAW AFMAN11-2KC-135V3 para 6.4, all students must bring their own "hard copy" checklist and EFB. These items will not be issued and will need to be retrieved from home unit if the member fails to bring these items. 8. Complete all items on the Common Formal Training Prerequisites Checklist in addition to this course specific one. <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>	3a. Emer Egress exp date (LL03):	3b. Aircrew Flight Equipment exp date (LL06):	3c. IRC exp date (GD55YM):		3d. Marshalling Tng Exam (GD11Y):	3e. Local area survival (SS01):	3f. Life Support (LL01):	3g. Block 45 Cert (CK45Y):
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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