

FORMAL TRAINING PREREQUISITES

I. IDENTIFICATION DATA

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| 1. STUDENT NAME: (Last, First, Middle Initial) | 2. COURSE TITLE KC-135 Boom Operator Transition Course 2 (BTX 2) | 3. RANK |
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4. Scheduled BTX 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.)

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| INITIALS | <p>1. USAF Active Duty requires a 2 year ADSC, IAW the Education & Training Course Announcements (ETCA) website and the individual's servicing MPS. Guard and reserve students follow home unit procedures.</p> <p>2. Do you intend to seek instructor requalification? Yes No Student will not requal as an instructor unless the gaining unit's Sq/CC sends a request to 97.TRS.TRT@us.af.mil and 97TRS.Inprocessing@us.af.mil prior to class start date. Student must have been a previous KC-135 instructor unqualified for 8 years or fewer IAW AFMAN11-2KC-135 V1.</p> <p>3. 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_BTXX2_mm/dd/yyyy).</p> <p>3a. Flight records: Email copy of ARMS IDS and Flying History Report.</p> <p>3b. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (DO, training shop, etc.)</p> <p>4. Complete all items on the 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.

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| NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION | |
| DUTY TITLE | |
| SIGNATURE | DATE |