

FORMAL TRAINING PREREQUISITES

I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE KC-135 Instructor Boom Operator (IB)	3. GRADE/RANK
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4. Scheduled IB 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

1. Flying Time Prerequisites: IAW AFI11-2KC-135 V1, para 5.4, table 5.2.

	Option 1	Option 2	Actual Time
Total Flying Time:	1,500 hours	700 hours	
Total 135 Flying Time:	300 hours	500 hours	

1a. If less than **1500/300** or **700/500**, home unit OG waiver is completed and attached.

2. Student has completed the following IAW AFI11-2KC-135 V1, para 5.4.2. <https://sp.kc135ats.net/SitePages/LMS.aspx>

2a. Pre-attendance courseware prior to class start date.

2b. Pre-attendance examination score: **(85% min)** IB Class Start Date: Test Date:

2c. All table 5.4 Boom Pre-Instructor Training complete & documented **with dates** on an AF Form 4022.

3. Physiological training is current for at least **30** days after course graduation date IAW syllabus.

3a. Altitude Chamber expiration date:

4. Flight physical (PHA) is current for at least **30** days after course graduation 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.

4a. 2992 exp date:

4b. Medical waivers must be current for at least **90** days past course graduation date.

Waiver expiration date: N/A

5. Periodic cargo/flight evaluation(s) MUST be current for at least **30** days after course graduation date IAW syllabus and/or Altus Policy Memo. 5a. Qual Eval exp date (AA01):

6. Mandatory grounding items should be current through course graduation date IAW AFI11-2KC-135 V1.

6a. Emergency Egress exp date (LL03): 6b. Aircrew Flight Equipment exp date (LL06):

Please enter completion date for these one time items: 6c. Block 45 Cert (CK45Y):

6d. Marshalling Tng Exam (GD11Y): 6e. Life Support (LL01):

7. 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.

8. 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)

9. Email items listed below **NLT 2 weeks prior** to class start date to Student Admin at 97TRS.Inprocessing@us.af.mil.

Title email your last name, course and course start date (**ex: Smith_IB mm/dd/yyyy**).

9a. TDY Orders (or PCS orders w/Altus TDY listed). i.e. 1610 (DTS), 938, 899, etc. Do not send your training RIP.

9b. Medical: Email DD Form 2992 from most recent PHA.

9c. Flight Records: Email copy of ARMS IDS & ARMS ITS.

9d. Current AFFMSII Fitness Report. Scored/signed scorecards are acceptable if report is unavailable.

9e. Copy of this completed checklist signed by Sq/CC or authorized representative (DO, training shop, etc.)

9f. Hand carry this item (**DO NOT EMAIL**) AF Form 4022 (or equivalent printout from GTIMS) for Pre-attendance Training & Sq/CC signed pre-attendance workbook.

NOTE: Per AF111-2KC-135 V1, para 5.4.3, outdated workbooks will not be accepted. The current workbook can be found at:

<https://cs2.eis.af.mil/sites/12679/aircrew%20pubs%20library/forms/better.aspx?RootFolder=%2Fsites%2F12679%2FAircrew%20Pubs%20Library%2FMaster%5FLibrary%5FVerified%2FKC135%2FContinuation%5FTraining%5FStudent%5FCourseware%2FKC%2D135%5FCT&FolderCTID=0x01200021370D19BF5D9F459D8FD907C237955A&View={701BF038-D3D9-416D-BBEC-BF178FBE44E9}>).

10. 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 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