FORMAL TRAINING PREREQUISITES	
I. IDENTIFICATION DATA 1. STUDENT NAME: (Last, First, Middle Initial) 2. COURSE TITLE	3. RANK
KC-135 Pilot Transition Course 2 (PTX2)	3. IVIIVI
4. Scheduled PTX Graduation date (MM/DD/YYYY):	
5.COURSE DESCRIPTION: KC-135PTX2 qualifies previous KC-135/KC-10/C-17/C-5/KC-46/C-130J Aircraft Commanders, who have been unqualified in said aircraft up to 8 years IAW AFMAN 11-2KC-135V1, as KC-135 Aircraft Commanders. Former KC-135 Instructor Aircraft Commanders may re-qualify as instructors.	
II. 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 VICTOR	
1. Previous Aircraft Commander (select one): KC-135 KC-10 C-17 C-5 KC-46 C-130J 1a. Date Unqualified in selected Aircraft: PTX2 Class Start Date:	
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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 email to 97TRS.Inprocessing@us.af.mil and 97og.ogt@us.af.mil prior to class start date. Student must have been a previous KC-135 instructor unqualifed for 8 years or fewer IAW AFMAN 11-2KC-135 V1 para 2.9.2.2.	
3. NLT 3 weeks prior to class start date, upload items listed below to Salesforce:	
3a. Flight Records: IDS and Flying History Report. (see your HARM office) 3b. Most recent Periodic Qual Eval Form 8 with expiration date in block II for the aircraft selected above, or frequency leads to be a selected above.	inal ITS from
your last assignment for aircraft selected above. 3c. Altitude Chamber card or AF Form 1522 (showing current for 30 days past grad date).	
3d. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (I shop, etc.	OO, training
4. Complete all items on the Common Formal Training Prerequisites Checklist in addition to this course specific	ic one.
Failure to complete prerequisite items will result in the student being returned to their unit.	
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