

FORMAL TRAINING PREREQUISITES

I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE KC-46 Instructor Boom Operator (IB)	3. RANK
4. Scheduled IB Class Start Date _____ and Class 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	1. Flying Time Prerequisites: IAW AFMAN11-2KC-46 V1, para 5.5, table 5.2. <table style="margin-left: 40px;"> <thead> <tr> <th></th> <th style="text-align: center;">Option 1</th> <th style="text-align: center;">Option 2**</th> <th style="text-align: center;">Actual Time</th> </tr> </thead> <tbody> <tr> <td>*Total Flying Time:</td> <td style="text-align: center;">1,500 hours</td> <td style="text-align: center;">1,800 hours</td> <td></td> </tr> <tr> <td>KC46 PAA hours:</td> <td style="text-align: center;">300 hours</td> <td style="text-align: center;">200 hours</td> <td></td> </tr> </tbody> </table> **plus 1 yr experience as KC135 IB or KC10 IB 1a. If less than 1500/300, or 1800/200 plus one year experience as MDS IB, home unit OG waiver is completed and attached. *1b. IB candidates w/total flying hours logged from other than Boom Operator aircrew position (i.e., Flt Engineer, Loadmaster) require 2000 total flying hours and 750 hours as a boom operator prior to consideration for upgrade. 2. Complete pre-instructor course training IAW AFMAN 11-2KC-46 V1, para. 5.5.7. Copy and paste link for workbook & student guide: https://usaf.dps.mil/f/r/teams/12679/Aircrew Pubs Library/Master Library Verified/KC46/KC-46 Courseware/KC46 Students?csf=1&web=1&e=aSzW8L (click Formal Training folder, then Boom folder, then BIP folder) ----Your training shop will notify your local ATS Site Manager to assign required CBTs and exam. 2a. Complete pre-attendance workbook, lessons and examination. 2b. Pre-attendance examination score: (85% min) Test date: _____ 2c. All Pre-Instructor Training complete & documented with dates on an AF Form 4022 (or GTIMS Training Folder). 3. Periodic flight evaluation(s) MUST be current for at least 30 days after course graduation date IAW 97 OG/CC Policy. 3a. Qual Eval exp date (AA01): _____ 4. Mandatory grounding items MUST be current through course graduation date. <table style="margin-left: 40px;"> <tr> <td style="width: 50%;">4a. Emergency Egress exp date (LL03): _____</td> <td style="width: 50%;">4b. Aircrew Flight Equipment exp date (LL06): _____</td> </tr> </table> Please enter completion date for these one time items: 4c.*Marshalling Tng Exam(GD11Y) _____ *Although not required by the RTM, our SARM requires it for go-no-go checks. If GD11Y is not documented on your ITS, please submit a 1522, training jacket, or other official documentation. <table style="margin-left: 40px;"> <tr> <td style="width: 50%;">4d. Local Area Surv(SS01) _____</td> <td style="width: 50%;">4e. Life Support(LL01) _____</td> </tr> </table> 5. Instructor candidates will arrive at the ATS for instructor upgrade training both qualified and current in their unit-assigned aircraft IAW AFMAN11-2KC-46V1, table 6.2. (*should be verified by your SARM and/or training shop*) 6. Upload items listed below NLT 2 weeks prior to class start date to TrackVia 6a. Flight Records: ARMS IDS, ARMS ITS and FHR. 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 upload): Sq/CC signed preattendance workbook signature page. 7. Complete all items on Common Formal Training Prerequisites checklist in addition to this course specific one. Failure to complete prerequisite items will result in the student being returned to their unit.		Option 1	Option 2**	Actual Time	*Total Flying Time:	1,500 hours	1,800 hours		KC46 PAA hours:	300 hours	200 hours		4a. Emergency Egress exp date (LL03): _____	4b. Aircrew Flight Equipment exp date (LL06): _____	4d. Local Area Surv(SS01) _____	4e. Life Support(LL01) _____
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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

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DUTY TITLE

SIGNATURE	DATE
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