	FORM	MAL TRAINING PREREQUISITES	
I. IDENTII	FICATION DATA		
1. STUDEN	NT NAME: (Last, First, Middle Initial)	2. COURSE TITLE	3. RANK
		KC-46 Pilot Transition Course 2 (PTX2)	
4. Scheduled PTX Graduation date (MM/DD/YYYY):			
5. COURSE DESCRIPTION: Qualifies pilots who were previously qualified as non-receiver KC-135 Aircraft Commanders as KC-46 Aircraft Commanders.			
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			
INTIALS	1. IAW 19AF waiver dated 1 Jun 23*, individuals must meet one of the following criteria (please check one, a or b):		
	a. Individuals must be previously qualified as MWS aircraft commanders in fixed wing military aircraft.		
	MWS aircraft in which student was an aircraft commander:		
	MWS afficiant in which student was an afficiant commander.		
	 -OR- b. Individuals must be previously qualified FAIP/OSA aircraft commander with 800 hours Total Flying Time [Note: TFT represents all flying time logged aboard a fixed-wing aircraft as a military pilot, including MDS simulator time (FAA level C equivalent). Exception: TFT does not include time in 		
	another aircrew specialty, UPT student, or RPA time.]		
	FAIP/OSA Aircraft:		
	* NOTE: This waiver expires upon the publication of the initial KC-46 PTX1 syllabus, or 1 June 24, whichever occurs first. 2. Upload items listed below NLT 2 weeks prior to class start date to TrackVia 2a. Flight records: ARMS IDS, Flying History Report, and ARMS ITS with CE09Y ILS PRM. 2b. Copy of most recent Periodic Qual Eval Form 8 with expiration date in block II (for aircraft indicated in item 1).		
	2c. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (DO, training shop, etc.)		
	 Complete all items on the 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. 		
		HORIZED REPRESENTATIVE CERTIFICATION/A	
		listed above have been verified and accomplished. Stude appropriate waiver is obtained. The member has been it	
with any other documentation described above. Additionally, this form will serve as a certification of the course prerequisites. Failure to			
	s form for in-processing can result in a trequisites have been verified.	raining delay or removal from the course. The student	will not be entered into training
NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION			
DUTY TIT	LE		
DATE			
SIGNATUI	RE		