

# FORMAL TRAINING PREREQUISITES

## I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE KC-46 Pilot Transition Course 3 (PTX3)	3. RANK
<input type="text"/>		<input type="text"/>
4. Scheduled PTX Graduation date (MM/DD/YYYY):	<input type="text"/>	

5. COURSE DESCRIPTION: Qualifies pilots who were previously qualified as heavy receiver 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.)

<b>INITIALS</b> <input type="text"/>	<ol style="list-style-type: none"><li>1. Must be previously qualified as a heavy (KC-10, C-5, C-17, RC-135, etc.) receiver aerial refueling aircraft commander IAW the syllabus and AF111-2KC-46 V1, chapter 5. Form 8 required for verification.  Heavy aircraft in which you were you were qualified as a receiver aerial refueling aircraft commander:</li><li>2. Upload items listed below <b>NLT 2 weeks prior</b> to class start date to <b>TrackVia</b> Title emails to <a href="mailto:97TRS.Inprocessing@us.af.mil">97TRS.Inprocessing@us.af.mil</a> your last name, course and course start date (ex: <b>Smith_PTX3_mm/dd/yyyy</b>). 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 the heavy aircraft entered in item #1 of this checklist, or other documentation of heavy receiver qualification (letter of x's, etc). 2c. Copy of this completed checklist AND common checklist signed by Sq/CC or authorized representative (DO, training shop, etc.)</li><li>3. Complete all items on the Common Formal Training Prerequisites Checklist in addition to this course specific one.</li></ol> <p style="text-align: center;"><b>Failure to complete prerequisite items will result in the student being returned to their unit.</b></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.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	
<input type="text"/>	
DUTY TITLE	<input type="text"/>
SIGNATURE	DATE
<input type="text"/>	<input type="text"/>