

## FORMAL TRAINING PREREQUISITES

### I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE C-17 Instructor Aircraft Commander (IAC) Prerequisite Checklist	3. GRADE/RANK
		[ ]

4. Scheduled IAC 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	<p>1. C-17 Aircraft Commander hours required: <b>200</b>. Time required since AC cert: <b>6 months</b> IAW AFI 11-2C-17 V1.  <b>Other</b> time does <b>not</b> count; <b>C17 simulator</b> time <b>does</b> count.</p> <p>1a. Student's Actual C-17 Aircraft Commander Hours: [ ]</p> <p>1b. Student's Date of AC Cert: [ ] IAC Course Start Date: [ ]</p> <p>1c. If required, home unit OG waiver is completed and attached.</p> <p>2. Physiological training is current for at least <b>30</b> days after course graduation date IAW syllabus.</p> <p>2a. Altitude Chamber expiration date: [ ]</p> <p>3. Flight physical (PHA) is current for at least <b>30</b> days after course graduation date IAW syllabus.  <span style="color: red;">Must have active 2992: will NOT arrive in DNIF status.</span></p> <p>3a. PHA due date: [ ]</p> <p>3b. Medical waivers must be current for at least <b>60</b> days past course graduation date.</p> <p style="margin-left: 40px;">Waiver expiration date: [ ] N/A <input type="checkbox"/></p> <p>4. Periodic sim/flight evaluation(s) be current for at least <b>30</b> days after course graduation date IAW Altus Policy Memo.</p> <p>4a. ITS sim/instrument evaluation expiration date (AA01 - AA22): [ ]</p> <p>4b. Evaluation Expiration date (Q019): [ ]</p> <p>5. Mandatory grounding items should be current through course graduation date IAW AFI 11-2C-17V1.</p> <p>5a. C17 Egress expiration date (LL03): [ ] 5b. Ground marshalling (G002): [ ]</p> <p>5c. Emergency Parachute training expiration (SS06): [ ] 5d. Life support (LL01): [ ]</p> <p>5e. Aircrew Flight equipment expiration (LL06): [ ] 5f. Local area survival (SS01): [ ]</p> <p>5g. Oxygen mask fit test (LL07): [ ]</p> <p>6. Security Clearance (minimum of SECRET) Verified in JPAS &amp; valid through class graduation date, or a reinvestigation is open prior to class start date IAW syllabus.</p> <p>7. USAF Active Duty require a <b>24</b> month ADSC, IAW AFI 36-2107, Table 1.1, Rule 16. Guard and reserve students follow home unit procedures.</p> <p>8. Student has reviewed reporting instructions and has thoroughly read and agreed to abide by all policies in the AAFB Student Handbook located at <a href="https://app10-eis.aetc.af.mil/etca/SitePages/Home.aspx">https://app10-eis.aetc.af.mil/etca/SitePages/Home.aspx</a> prior to departing for training. (must use CAC email certificates)</p> <p>9. Email this checklist completed electronically and attach all the items listed below in one email .                      Title email your last name and course start date (ex: <b>Smith_IAC_mm/dd/yyyy</b>).                      Send <b>NLT 1 week prior</b> to class start date to Student Admin at <a href="mailto:97TRS.Inprocessing@us.af.mil">97TRS.Inprocessing@us.af.mil</a></p> <p>9a. Copy of TDY orders.</p> <p>9b. Medical: Email DD Form 2992 from most recent PHA.</p> <p>9c. Flight records: Email copy of ARMS IDS &amp; ARMS ITS. If PCS enroute, bring entire flight records folder.</p> <p>9d. Current printout of AFFMSSII (Fitness Report).</p> <p>9e. Copy of this completed checklist signed by Sq/CC.</p> <p>10. Student will arrive <b>0715</b> on class start date for in-processing at building 87.</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

DUTY TITLE

SIGNATURE

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DATE