

FORMAL TRAINING PREREQUISITES

I. IDENTIFICATION DATA

1. STUDENT NAME: (Last, First, Middle Initial)	2. COURSE TITLE C-17 Instructor Loadmaster (ILM) Prerequisite Checklist	3. GRADE/RANK

4. Scheduled ILM 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	
<input style="width: 100%;" type="text"/>	1. Total Flying Hours required: 1000 IAW AFI 11-2C-17 V1. 1a. Student's Actual Total Flying Hours (Grand Total time plus simulator time): <input style="width: 100px;" type="text"/> 1b. If required, home unit OG waiver is completed and attached.
<input style="width: 100%;" type="text"/>	2. C-17 PAA hours required: 200 IAW AFI 11-2C-17 V1. Other time does not count, C17 simulator time does count. 2a. Student's Actual C-17 PAA Hours: <input style="width: 100px;" type="text"/> 2b. If required, home unit OG waiver is completed and attached.
<input style="width: 100%;" type="text"/>	3. Physiological training is current for at least 30 days after course graduation date IAW syllabus. 3a. Altitude Chamber expiration date: <input style="width: 100px;" type="text"/>
<input style="width: 100%;" type="text"/>	4. Flight physical (PHA) is current for at least 30 days after course graduation date IAW syllabus. Must have active 2992: will NOT arrive in DNIF status. 4a. PHA due date: <input style="width: 100px;" type="text"/> 4b. Medical waivers must be current for at least 60 days past course graduation date. Waiver expiration date: <input style="width: 100px;" type="text"/> N/A <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	5. Periodic flight evaluation(s) be current for at least 30 days after course graduation date IAW Altus Policy Memo. 5a. Evaluation Expiration date (Q019 or AA01): <input style="width: 100px;" type="text"/>
<input style="width: 100%;" type="text"/>	6. Mandatory grounding items should be current through course graduation date IAW AFI 11-2C-17 V1. 6a. C17 Egress expiration date (LL03): <input style="width: 100px;" type="text"/> 6b. Ground marshalling (G002): <input style="width: 100px;" type="text"/> 6c. Emergency Parachute training expiration (SS06): <input style="width: 100px;" type="text"/> 6d. Life support (LL01): <input style="width: 100px;" type="text"/> 6e. Aircrew Flight Equipment expiration (LL06): <input style="width: 100px;" type="text"/> 6f. Local area survival (SS01): <input style="width: 100px;" type="text"/> 6g. Oxygen mask fit test (LL07): <input style="width: 100px;" type="text"/>
<input style="width: 100%;" type="text"/>	7. Security Clearance (minimum of SECRET) Verified in JPAS & valid through class graduation date, or a reinvestigation is open prior to class start date IAW syllabus.
<input style="width: 100%;" type="text"/>	8. USAF Active Duty require a 24 month ADSC, IAW AFI 36-2107, Table 1.1, Rule 16. Guard and reserve students follow home unit procedures.
<input style="width: 100%;" type="text"/>	9. Student has reviewed reporting instructions and has thoroughly read and agreed to abide by all policies in the AAFB Student Handbook located at https://app10-eis.aetc.af.mil/etca/SitePages/Home.aspx prior to departing for training. (must use CAC email certificates)
<input style="width: 100%;" type="text"/>	10. 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: Smith_ILM_mm/dd/yyyy). Send NLT 1 week prior to class start date to Student Admin at 97TRS.Inprocessing@us.af.mil 10a. Copy of TDY orders. 10b. Medical: Email DD Form 2992 from most recent PHA. 10c. Flight records: Email copy of ARMS IDS & ARMS ITS. If PCS enroute, bring entire flight records folder. 10d. Current printout of AFFMSSII (Fitness Report). 10e. Copy of this completed checklist signed by Sq/CC.

11. Student will arrive **0715** on class start date for in-processing at building 87.

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