

**REQUEST FOR FLIGHT LINE DRIVERS AND FLIGHT LINE DRIVING PROGRAM MANAGER  
TRAINING AND CERTIFICATION**

<i>TO</i>	<i>FROM</i>	<i>DATE</i>
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**SECTION I - TRAINEE INFORMATION**

1. NAME (Last, First, Mi)	2. GRADE	3. ORG/OFFICE SYMBOL	4. DUTY PHONE
5. USFJ Form 4EJ (SOFA Drivers License Number)		6. DRIVING RESTRICTIONS	

**SECTION II - COLOR VISION**

I certify that the above named  did  did not pass the color vision test/check or the AFSC is \_\_\_\_\_ which requires normal color vision. If **did not** is checked, you may submit a color vision waiver IAW 18 WGI 13-202 for limited F/L access.

1. Name and grade if individual authorized to test/Supervisor	2. Signature	3. Date	4. Duty Phone
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**SECTION III - QUALIFICATION TRAINING**

*(For those appointed as Flight Line Driving Program Manager, this section will be completed by Airfield Management, all others by Squadron Flight Line Driving Program Manager.)*

Type of Training	Date	Trainer Signature	Trainee Signature
1. Read 18 WGI 13-202, AFJMAN 24-306 Chapter 25, and AFOSHSTD 91-100 Chapter 6			
2. Valid SOFA License and Number Entered at #5 Above			
3. Daytime Flight Line Orientation			
4. Nighttime Flight Line Orientation			
5. Attended Flight Line Drivers Training Classroom (Reviewed 18 WGI 13-202 Attachment 3 with a Flight Line Trainer)			
6. Completed Flight Line Driving Written Exam. Must score 90% corrected to 100%. SCORE: _____			
7. Completed PACAF CBT and attached the Score Sheet. Minimal passing score is 80%. SCORE: _____			
8. Attach a completed AF IMT 483, 18 WGI 13-202 Attachment 3, and PACAF CBT Score Sheet. Bring to 18 OSS/OSAM.			

**SECTION IV - TRAINING CERTIFICATION**

I certify the above trainee has been fully trained on flight line driving.

1. Name of Trainer (Last, First, Mi)	2. Grade	3. Signature	4. Date
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**SECTION V - RECEIPT OF TRAINING STATEMENT**

I certify that I have received training as indicated in Section III and now consider myself to be qualified to drive on Kadena AB F/L.

1. Name of Trainee (Last, First, Mi)	2. Grade	3. Signature	4. Date
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**SECTION VI - CERTIFICATION OF TRAINEE**

I certify the above trainee has been trained by a qualified trainer for flight line driving.

1. Name of Unit Flight Line Driving Program Manager (Last, First, Mi)	2. Grade	3. Signature	4. Date
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**SECTION VII - FLIGHT LINE DRIVING AUTHORIZATION**

I certify the above trainee has successfully completed flight line drivers training and I approve flight line authorization.

1. Name of Squadron CC (Last, First, Mi)	2. Grade	3. Signature	4. Date
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**SECTION VIII - AIRFIELD MANAGEMENT**

Individual is hereby approved to drive on the Kadena AB flight line.

1. Name of Airfield Management Rep (Last, First, Mi)	2. Grade	3. Signature	4. Date
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