

<b>FLIGHT AUTHORIZATION FOR CREWMEMBER/OPERATIONAL SUPPORT FLYER (Civilian)</b>					DATE
<b>PRIVACY ACT STATEMENT</b>					
AUTHORITY: 27 U.S.C. 301a, Public Law 92-204; Public Law 93-570; Public Law 93-294; DODD 7730.57					
PRINCIPAL PURPOSE: To record authorization to perform aircrew/operational support duties in AFMC aircraft.					
ROUTINE USE: May be disclosed for any of the blanket routine uses published by the Air Force.					
TO (Director of Flight Operations)			FROM		
NAME AND SSN	CIVIL SERVICE GRADE OR	ORGANIZATION	GOVERNMENT AGENCY OR CONTRACTOR COMPANY	DATE OF BIRTH	SECURITY CLEARANCE AND CITIZENSHIP
PERIOD OF REQUIREMENT	TYPE AIRCRAFT		AIRCRAFT SERIAL NUMBER	PROJECT/TASK	
ADDITIONAL REQUIREMENT (Attach documentation)			CONTRACT NUMBER (Required for contractor personnel)		
<input type="checkbox"/> FLIGHT PHYSICAL <input type="checkbox"/> PHYSIOLOGICAL TRAINING					
INTERAGENCY AGREEMENT TITLE AND DATE (Required for non-DOD government civilians)					
JUSTIFICATION (include crew position if applicable; for example, pilot, navigator, and so forth )					
<b>CERTIFICATION (The undersigned certifies the following)</b>					
1. The performance of crew/operational support duties is essential to the mission and is required to fulfill official job responsibilities. 2. For Contractor Personnel: Performance of crewmember/operational support duties aboard AFMC aircraft is specifically required and authorized by terms of the contract indicated above. 3. For non-DOD Civilian Personnel: The performance of crewmember/operational support duties is required and authorized in the interagency agreement indicated above. 4. The individuals listed above have been briefed on the following items: a. Your status aboard the aircraft is that of a crewmember/operational support flyer rather than that of a passenger. b. The aircraft missions on which you participate as a crewmember/operational support flyer may involve flight testing or flight of a special high risk nature on which passengers would normally be excluded. c. Your personal insurance policies may be jeopardized by your presence aboard in a crewmember/operational support status without special aviation riders. A check with your insurance representative is recommended.					
<b>REQUESTER (Signature element of Program Manager, Contracting Officer or his authorized representative)</b>					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Reason if disapproved)					
SIGNATURE OF DFO				DATE	

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).