

REQUEST FOR PLACEMENT ON SPECIAL CERTIFICATION ROSTER

PART I. ROUTING/COORDINATION

FROM (Squadron)

| | TO | INITIALS | | TO | INITIALS | | TO | INITIALS |
|---|----|----------|---|----|----------|---|----|----------|
| 1 | | | 4 | | | 7 | | |
| 2 | | | 5 | | | 8 | | |
| 3 | | | 6 | | | 9 | | |

PART II. PERSONAL DATA

| | | | | | |
|------------------------------------|--|-------|-------|-------|--------------|
| NAME (Last, First, Middle Initial) | | GRADE | PAFSC | DAFSC | EMPLOYEE NO. |
|------------------------------------|--|-------|-------|-------|--------------|

| | | |
|----------------------|---------------------------------|---|
| WORK CENTER MNEMONIC | MONTHS EXPERIENCE - CURRENT MDS | MONTHS OTHER APPLICABLE EXPERIENCE - BY MDS |
|----------------------|---------------------------------|---|

| | | |
|-----------------|--|---|
| WAIVER REQUIRED | YES <input type="checkbox"/> NO <input type="checkbox"/> | NOTE: If yes, complete Part V on reverse. |
|-----------------|--|---|

PART III. SPECIAL TASK(S) TO BE PERFORMED

| CAMS CODE | SPECIAL TASK TITLE | CAMS CODE | SPECIAL TASK TITLE |
|-----------|--------------------|-----------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART IV. QUALIFICATION VERIFICATION/CERTIFICATION

| | | | | |
|-------------------|--|--|--|--|
| INDIVIDUAL | I CERTIFY THAT I AM QUALIFIED TO PERFORM THE TASK(S) LISTED ABOVE. | | | |
|-------------------|--|--|--|--|

| | | | | |
|------|-------|------------|-----------|-------------|
| NAME | GRADE | DUTY TITLE | SIGNATURE | DATE SIGNED |
|------|-------|------------|-----------|-------------|

| | | | | |
|----------------------|--|--|--|--|
| SECTION CHIEF | I HAVE REVIEWED THE ABOVE LISTED INDIVIDUAL'S RECORDS AND QUALIFICATIONS. HE/SHE IS QUALIFIED TO PERFORM THE TASK(S) LISTED. | | | |
|----------------------|--|--|--|--|

| | | | | |
|------|-------|------------|-----------|-------------|
| NAME | GRADE | DUTY TITLE | SIGNATURE | DATE SIGNED |
|------|-------|------------|-----------|-------------|

| | | | | |
|---------------------|---|--|--|--|
| FLIGHT CHIEF | I HAVE REVIEWED THE REQUESTED INDIVIDUAL'S QUALIFICATIONS. HE/SHE IS QUALIFIED TO PERFORM THE TASK(S) LISTED. | | | |
|---------------------|---|--|--|--|

| | | | | |
|------|-------|------------|-----------|-------------|
| NAME | GRADE | DUTY TITLE | SIGNATURE | DATE SIGNED |
|------|-------|------------|-----------|-------------|

| | | | | |
|---------------------------------------|---|--|--|--|
| MAINTENANCE SUPERVISOR/OFFICER | CERTIFICATION TO PERFORM LISTED TASK(S) IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | | |
|---------------------------------------|---|--|--|--|

| | | | | |
|------|-------|------------|-----------|-------------|
| NAME | GRADE | DUTY TITLE | SIGNATURE | DATE SIGNED |
|------|-------|------------|-----------|-------------|

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

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).

PART V. WAIVER JUSTIFICATION/APPROVAL

REASON/JUSTIFICATION FOR WAIVER

| | | |
|--------|---|---|
| WAIVER | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | NOTE: A COPY OF THIS APPROVED WAIVER MUST BE FILED IN THE INDIVIDUAL'S AF FORM 623. |
|--------|---|---|

| | | | | |
|-------------------------------|--------------|-------------------|------------------|--------------------|
| MAINTENANCE SUPERVISOR | | | SIGNATURE | DATE SIGNED |
| <i>NAME</i> | <i>GRADE</i> | <i>DUTY TITLE</i> | | |
| | | | | |

REMARKS

THIS SECTION FOR MAINTENANCE TRAINING USE ONLY

| | |
|--------------------------|-------------|
| <i>CAMS PROCESSED BY</i> | <i>DATE</i> |
| | |