

REQUEST FOR DESIGNATION AS SENIOR OR MASTER ARMY AVIATOR/FLIGHT SURGEON (The proponent is AVN-OO)

Date of Request:	Requested Designation as (Check one)
FROM:	
THRU: State Army Aviation Officer	
TO: Chief, National Guard Bureau ATTN: NGB-AVN-OC, Bldg E6810 Aberdeen Proving Ground, MD 21010-5420	Senior Army Aviator Master Army Aviator Senior Flight Surgeon Master Flight Surgeon

1. Applicant meets the eligibility requirements as prescribed in AR 600-105, chapter 2, table 2-2 for the requested designation.

2. Effective date of designation: _____

3. Following information is submitted in support of this request:

a. Name _____ Rank _____

b. SSN _____ MOS/Branch _____

c. TOFDC in months _____

d. ASED (for flight surgeons ONLY) _____

e. Total flight time: Military _____ Civilian _____

4. For flight surgeons, include the following special documentation: For designation as a senior flight surgeon, use the 2-year operational flying criteria; and for master flight surgeon, use a copy of the American Board of Preventive Medicine certification as a specialist in Aerospace Medicine.

5. I certify that the information furnished is correct and was verified from official records.

(Signature of Unit Commander/Authorized Representative)

INSTRUCTIONS

- 1. Submit request in original only; duplicate copies are not required.*
- 2. The application must be signed by the individual's unit commander or authorized representative.*
- 3. The State Army aviation officer (SAAO) approves by initialing and dating the THRU line.*
- 4. Ensure that documents required for flight surgeons, as specified in paragraph 4, are enclosed.*