

Initial Flight Training (IFT) Pre-Arrival Guide



Pre-Arrival Guide Index

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1st Flying Training Squadron
CAE Initial Flight Training

“The Gateway to USAF Aviation”

306 FTG/CC Welcome



Welcome to the 306th Flying Training Group and Pueblo, Colorado. As you walk through the doors of the 1st Flying Training Squadron, you take your first steps into Air Force Flight Training. The program you are about to enter stresses airmanship and discipline and will lay the foundation for your operational career.

I challenge each of you to make the right choices while at Initial Flight Training. This is your first chance to see how the Air Force trains its aviators. Take the commensurate steps to ensure you don't waste this opportunity. Study your academics. Prepare for your flights. Take care of your classmates and yourself.

Develop the habits and discipline that will follow you through your rated career.

Most importantly, I expect you to treat your instructors and classmates with dignity and respect in accordance with our core values. Protect your integrity, strive for excellence, and remember that service to our country is bigger than any of us.

On behalf of the 306th Flying Training Group, we wish you success during your time in Pueblo and in the rest of your Air Force career.

//SIGNED//

MICHAEL R. STOLLEY, Col, USAF
Commander

1 FTS/CC Welcome



Congratulations on your selection for Initial Flight Training and the opportunity to become a professional military aviator. On behalf of the United States Air Force, CAE and the City of Pueblo, I would like to welcome you to the "Gateway to Air Force Aviation." Take pride in this accomplishment and remember that the same skills used to achieve this milestone will serve you well in the days ahead.

Make no mistake about it, IFT is a highly structured military flight training operation; the days are long and expectations are high. If you have ongoing medical or personal issues that may interfere with your training, you need to discuss with your supervisor whether or not this is the right time for you to attend IFT. This program may very well be the most challenging undertaking you have ever experienced. In return, you will gain skills and abilities that will be invaluable to your success in follow-on flight training.

This is a once in a lifetime opportunity. There are no second chances. Inappropriate use of alcohol, sexual misconduct, discrimination of any kind, or conduct unbecoming a military professional, will not be tolerated. Any offense of this nature will be considered grounds for dismissal.

I and the rest of my staff here in the 1 FTS want you to succeed at IFT. With a personal commitment, earnest preparation, and a positive attitude, you will. Again, congratulations and best of luck as you start your career as a military aviator.

//SIGNED//

BRIAN C. ASHBURN, Lt Col, USAF
Commander

First Things First...

All Students scheduled to attend IFT must comply with administration instructions posted in the ETCA for their particular course. Refer to ETCA HOME at:

<https://usaf.dps.mil/teams/app10-etca/SitePages/home.aspx>

Course ID's:

Pilot: S-V8A-S
RPA: U-P2A-A
IMS: S-V8I-S

Please be advised you may need to first clear the SSL state and cache in Internet Options and restart your browser. Also, please ensure you select your DoD Authentication certificate when prompted. If all else fails, please try Chrome and Edge.

NOTE: If you hold a Private Pilot Certificate (PPC) or higher, you are prohibited from attending IFT without a waiver from AETC. For questions, please call 19AF/DOUA at (210) 652-9646.

READ AND COMPLY WITH THIS ENTIRE GUIDE!! FAILURE TO DO SO COULD RESULT IN YOUR REMOVAL FROM IFT!

Contact Information:

Registrar: (719) 423-8336
IDMT: (719) 423-8333/8335
Lodging: (719) 423-8506
Security: (719) 423-8535
1 FTS: (719) 423-8340
1 FTS e-mail: 1FTS.MILO@caemilusa.com

If there are any questions not addressed in the guide, contact the IFT Military Liaison: 719-423-8340.

Your Mailing Address while attending IFT:

CAE Initial Flight Training
C/O (*First Name, Last Name & Class #*)
Suite 200
1 William White Blvd.
Pueblo CO 81001

Important things to do:

- Read this entire guide and watch the Success at IFT video via the CAE website!
<https://www.cae.com/defense-security/what-we-do/training-centres/usaf-initial-flight-training-ift/>
- Comply with pre-arrival requirements outlined in their respective sections:
- Travel and In-Processing
 - Complete your travel arrangements in DTS NET 4 weeks prior to travel date.
 - Provide your travel itinerary to CAE **NLT 7 days prior to class arrival date** via form on CAE IFT website.
- Uniforms
- Medical and Student Pilot Certificates
- RPA: Aeronautical Orders
- Glasses if specified on DD Form 2808
- Memorize Boldface and Ops Limits (attached)

Travel Day Instructions

DAY 0: This is the day you are expected to arrive and in-process. **This is one day BEFORE the class start date on your RIP/orders.** If you arrive **before** DAY 0, you will be responsible for hotel expenses (offsite) and transportation costs. If you are driving, plan to arrive at IFT between 0900 and 1600. If you are flying plan to arrive at IFT between 0900 and 1800. All times are MST.

You must complete the online Travel Itinerary Form at least 7 days prior to class arrival date! It is on the **Incoming Students web page.** This information is used to create your security badge and schedule airport shuttles. If you do not receive a confirmation within 24 hours, call (719) 423-8506.

Driving

- IFT is located at 1 William White Blvd, Pueblo, CO, 81001.
- Students arriving by POV need to arrive **NLT 1600L**.

Flying Commercial Air

- **Fly into Pueblo Airport (PUB) or Colorado Springs Airport (COS) as a final destination. DO NOT choose Denver International (DIA).**
- Students arriving by Commercial Air need to arrive **NLT 1800L**.
- If travel plans cannot ensure arrival by 1800L, call (719) 423-8506 to coordinate alternate arrival plans.
- Rental cars are not an authorized reimbursable expense for IFT. Use the shuttle.
- Call 719-423-8506 to confirm your shuttle reservation
 - The shuttle attendant will be located in front of the info center near the baggage area at COS and in front of the terminal at PUB.
 - If you are delayed or have trouble finding the shuttle attendant, call 719-423-8506.

In-processing Instructions

In-Processing

- In-processing will occur on 0 Day. It is essential that you arrive in time to complete all of the in-processing items. You will be issued a security badge, assigned a hotel room and given your laptop for use while at IFT.
- The IFT staff will give you detailed in-processing guidance upon arrival.
- Be in uniform during in-processing; arrive in civilian clothes and then change.
- Have your CAC (with valid PIN), medical forms, and student pilot certificate or IACRA application information easily accessible upon arrival.

Lodging Note

- Some students will be double-billed. If you would like to volunteer for double-billing and choose your roommate, contact IFT Lodging at 719-423-8506 no later than 2 weeks prior to your arrival.
- Those sharing a room must be enrolled in the same training track (i.e., Pilot with Pilot or RPA with RPA).

Training Flow

DAY 1: This is the class start date on your RIP/orders. On DAY 1 you will receive welcome briefings, start academics, and take a Boldface/Ops Limits test.

Departure

- Students will plan to depart on the day following their last flying event.
- Students graduating on a Friday after 1600 hours will out-process on the next duty day...i.e. Monday.
- Students will not be allowed to remain on-site to wait for another student to finish IFT.

- Students who drove together must be prepared leave solo or obtain independent lodging on the economy.
- Students may be allowed to stay at IFT if they experience flight scheduling or availability issues. These situations must be validated by an MTO.

Uniforms

- IFT does not provide uniforms for students. It is your responsibility to obtain the appropriate uniforms prior to arrival. Uniforms can be obtained through your home station or follow on training location. Please work with your immediate supervisor if you are having difficulty obtaining uniforms for IFT.
- Students attending IFT will wear the Flight Duty Uniform (FDU) or the 2 Piece Flight Duty Uniform (2PFDU) in accordance with DAFI36-2903, dated 12 April 2022. The OCP uniform is NOT authorized.
- All students need to bring:
 - Flight suits with rank and Velcro already sewn on
 - Name tags (cloth or leather)
 - MAJCOM patches
 - Flight boots
 - Flight gloves
 - Flight cap
 - Conservative, non-offensive civilian clothing, including PT gear, for wear during non-duty hours and during individual fitness time.
- If any part of your training falls between 1 Oct and 30 Apr, bring:
 - Flight jacket with rank and Velcro already sewn on (Required)
 - 1 pair thermal underwear (Recommended)
 - Black watch cap (Recommended)

NOTE: IFTS does have some spares of the FDU (not the 2PFDU) for use in emergency situations.

IFT Rules of Engagement (ROE)

- Do not bring any firearms to IFT. This also means NO firearms in your vehicle.
- Do not bring any pets to IFT.
- **NO** incense, candles, plug-in deodorizers or other personal appliances may be used anywhere at IFT.
- You are encouraged to bring a surge protector for electronics and personal hygiene products, as CAE does not provide these.
- Students should not plan to take leave while enrolled in IFT. Personal leave situations should be resolved before attending IFT. Emergency leave will be resolved on a case by case basis.
- AETC Family down days are not IFT down days.
- Students should be prepared to fly on weekends.
- Guest Hours: 1700L – 2200L on Fri, 0800L – 2200L Sat, Sun, and Holidays.
 - IFT is a fast paced training program that demands all of your attention.
 - Guests (including spouses) are not allowed outside of listed guest hours.

IFT Medical Requirements

All Students Require:

- Fully completed and stamped DD Form 2808 (3 pages in length)
- Corrective lenses (if applicable).
- Must not be DNIF.

DD Form 2808 Instructions:

- Must have been stamped within 4 years of projected IFT grad date.
- If Blue stamp states FC'X' (W/Waiver) waiver must be current with all waiver requirements completed/met:
 - Waiver must be documented in AIMWTS (verify with home unit Flt Med).
 - If waiver requires annual updates/exams those must be due after projected graduation date or completed before attending IFT.
 - If waiver requires Med Equipment they must be used during training (e.g. Glasses).
 - It is recommended that you personally review your waiver prior to attending IFT to prevent any confusion.
 - You do not need to bring a copy of your waiver to IFT as we will verify AIMWTS.
 - It is however highly recommended that you maintain a personal copy of your waiver for your records.

NOTE TO RPA STUDENTS: If you have a waiver, confirm with your flight surgeon if you are restricted from scanning duties. If you are restricted from scanning duties IFT must acquire a syllabus waiver for you. To avoid training delays, let us know as soon as possible.

- **Review boxes 61, 63, 67, 76, & 77 of the DD Form 2808.**
 - Boxes 61, 63, determine the need for corrective lenses based of visual acuity. The **STANDARD** for **UNCORRECTED VISION IS 20/20.**
 - Even if your vision **20/25** in only one eye you **NEED CORRECTIVE LENSES** to fly at IFT.
 - Box 67 is your depth perception. The standard is "Passes B". Some 2808's may say a different letter but as long as that letter is after B you are fine.
 - Boxes 76 & 77 are where important diagnoses and their requirements should be listed.
- **Sitting height/Buttocks to knee measurements are in box 73.**
 - The Aircraft at IFT are small and you may not fit.
 - As general guidance we use a SH of 39" or greater, and a BK of 26" or greater to determine if your fitment in the aircraft needs to be checked.
 - Those measurements are not a hard line. Many students with measurements greater than 39"SH and/or 26"BK still fit in the aircraft.
 - If you are very tall or very broad please contact the IDMT's at IFT to discuss possible fitment issues.

Corrective Lenses

- You must have 2 pairs in good condition while at IFT.
- One pair is worn during flying the other is kept on your person.
- Glasses must meet dress and appearance standards of DAFI36-2903.
- If you are on the Air Crew Soft Contacts Lens Program (ACSCLP) it must be documented in ASIMS prior to IFT start. Documentation requirement:
 - It will be in the grounding management section of ASIMS.
 - We will not be able to correct this issue at IFT if it has not been documented by the flight surgeon.

- If on ACSCLP you still need one pair of glasses during training.
- **All Corrective lenses are verified in-person at IFT.**
 - During the week of academics all students who require corrective lenses will be identified and contacted.
 - An appointment will be scheduled to check your glasses at the clinic.

Must NOT be DNIF/Down

- **Status is documented on a DD Form 2992.**
 - Not all students will have a DD Form 2992.
 - Pilots do not require them here but may have one in ASIMS so double check.
 - **All** RPA students require them, see RPA only section below.
 - If you have been seen by a flight surgeon and have been “Downed” or placed on Duties Not Including Flying (DNIF) status, a Return To Flying Status (RTFS) DD Form 2992 must be placed prior to arrival at IFT.
 - We **Will Not** correct a DD Form 2992 issues at IFT and Students that come to IFT DNIF will be returned to their home units.

Pilot ONLY Requirement

DD Form 2808 MUST be for a Flying Class 1. No Exceptions!!

- Example Stamp:

Medically Qualified for: FCI, FCIA, RPA Pilot, FCIII, GBO, ATC, (Exam), MOD (Exam)
//SIGNED//
HQAETC/SGPS (DDMMYYYY)
- May have waiver requirements and will read as **FCI (w/Waiver)** on the stamp.
- Not all stamps are the same. Please ensure the DD Form 2808 stamp reflects that FLY is approved.

NOTE: All other Pilot requirements are identified in the “All Students Section” above.

RPA ONLY Requirement

DD Form 2808 MUST be for a Flying Class III.

- Must bring hard copy FAA FCIII.
 - FAA FCI or FCII are fine but a FCIII is the minimum.
 - FAA Flying Classes are good for five years.
 - Must not expire while at IFT.
- It Does **NOT** matter what Flying Class your 2808 (USAF Physical) is you still **NEED** a FAA Flying Class Physical.

DD Form 2808 MUST Be Stamped RPA Pilot or GBO.

- Example 2808 Stamp:

Medically Qualified for: RPA Pilot, GBO, ATC, (Exam), MOD (Exam)
//SIGNED//
HQAETC/SGPS (DDMMYYYY)
- May have waiver requirements and will read as **RPA Pilot (w/Waiver) or GBO (w/Waiver)** on the stamp.
- Not all stamps are the same. Please ensure the DD Form 2808 stamp reflects that RPA Pilot or GBO is approved.

Current DD Form 2992 for Aeronautical Orders (AOs)

- The DD Form 2992 is not a medical requirement for IFT, but AOs are required for training.
- The DD Form 2992 is created by your Flight Surgeon and is documented in ASIMS.
- It must NOT expire while at IFT and CANNOT be a DOWN/DNIF DD Form 2992.
- Questions about the DD Form 2992 should be directed to your home station Flight Surgeon.
- Questions about the AO's should be directed to your home station HARM Office.

RPA AOs

- RPA students are required by AFI 11-402 to be on AOs before their first flight.
 - You and your HARM office should receive an email from the 12 OSS at Randolph before training to start the process.
 - Follow up with your local HARM office to make sure they have a DD Form 2992 (medical examination form) to process the AOs. This should start happening about three weeks prior to training.

NOTE: All other RPA requirements are identified in the “All Students Section” above.

IFT Medical Team Notes/Contact Information

- Please ensure that you have reviewed all information prior to arriving at IFT.
- While we will attempt to correct any issues with your medical clearance during in-processing there is no guarantee that we can do it while at IFT.
- **ANY** missing paperwork, medical equipment (aka corrective lenses), or other incomplete medical requirements are grounds for removal from training.
- It is recommended that you begin reviewing your medical paperwork and ensuring that it is in order ASAP.
- Correcting medical paperwork, completing physicals, or issuing medical equipment (glasses) may take a significant amount of time and it is not possible to do it while at IFT. The earlier the process is started the less likely that you will be removed from training.
- IFT Clinic is manned by IDMTs/FOMTs. There are no Flight Surgeons on site. IFT is serviced by USAFA Flt Med but Flight surgeons at USAFA are unable to correct issues regarding med clearances for IFT students.
- If you have any questions about requirements or anything other medical concerns, please reach out using the numbers below:

MSgt Toni Whitfield Email: toni.whitfield@us.af.mil Phone: 719-423-8333	TSgt Aleksandr McPike Email: aleksandr.mcpike@us.af.mil Phone: TBD	TSgt Graham Hoch Email: graham.hoch@us.af.mil Phone: 719-423-8335
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Clinic Hours:

Monday-Friday 0730-1630

DD Form 2808 (3/4 pages)

DD Form 2992

REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD) 20160503	2. SOCIAL SECURITY NUMBER XXXX-XX-XXXX																																																																																																																				
PRIVACY ACT STATEMENT AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.																																																																																																																							
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5. HOME TELEPHONE NUMBER (Include Area Code) XXXXXXXXXXXX		6. GRADE C/C																																																																																																																					
7. DATE OF BIRTH (YYYYMMDD) XXXXXXXXXX	8. AGE 21	9. SEX Male	10. RACIAL CATEGORY (If one or more) American Indian or Alaska Native Asian Black Hispanic or Latino Native Hawaiian or Other Pacific Islander White																																																																																																																				
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13. SERVICE Army Navy Marine Corps Air Force		14. COMPONENT Active Duty Reserve National Guard																																																																																																																					
15. PURPOSE OF EXAMINATION a. EQUIPMENT b. RETIREMENT c. SEPARATION d. ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) 10 AMDS/SGPFP 2355 Faculty Dr. USAFA, CO 80840-4000																																																																																																																					
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.) <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>NE</th> </tr> </thead> <tbody> <tr><td>17. Head, face, neck, and scalp</td><td>X</td><td></td><td></td></tr> <tr><td>18. Nose</td><td>X</td><td></td><td></td></tr> <tr><td>19. Throat</td><td>X</td><td></td><td></td></tr> <tr><td>20. Mouth and throat</td><td>X</td><td></td><td></td></tr> <tr><td>21. Ears - General (int. and ext. canal; auditory acuity under 70 dB HL)</td><td>X</td><td></td><td></td></tr> <tr><td>22. Ocular (refraction)</td><td>X</td><td></td><td></td></tr> <tr><td>23. Eyes - General (visual acuity and refraction under 20/200; visual field)</td><td>X</td><td></td><td></td></tr> <tr><td>24. Ophthalmoscope</td><td>X</td><td></td><td></td></tr> <tr><td>25. Pupils (equality and reaction)</td><td>X</td><td></td><td></td></tr> <tr><td>26. Ocular motility (associated with refraction)</td><td>X</td><td></td><td></td></tr> <tr><td>27. Heart (thrust, rate, rhythm)</td><td>X</td><td></td><td></td></tr> <tr><td>28. Lungs and chest (general)</td><td>X</td><td></td><td></td></tr> <tr><td>29. Thoracic system (general)</td><td>X</td><td></td><td></td></tr> <tr><td>30. Abdomen and rectum (general)</td><td>X</td><td></td><td></td></tr> <tr><td>31. Abdomen and rectum (detailed)</td><td>X</td><td></td><td></td></tr> <tr><td>32. External genitalia (detailed)</td><td>X</td><td></td><td></td></tr> <tr><td>33. Upper extremities</td><td>X</td><td></td><td></td></tr> <tr><td>34. Lower extremities (detailed)</td><td>X</td><td></td><td></td></tr> <tr><td>35. Feet (See item 32 Continued)</td><td>X</td><td></td><td></td></tr> <tr><td>36. Spine, other musculoskeletal</td><td>X</td><td></td><td></td></tr> <tr><td>37. Identifying body marks, scars, tattoos</td><td>X</td><td></td><td></td></tr> <tr><td>38. Skin, lymphatics</td><td>X</td><td></td><td></td></tr> <tr><td>39. Neurologic</td><td>X</td><td></td><td></td></tr> <tr><td>40. Psychiatric (Specify any personality deviation)</td><td>X</td><td></td><td></td></tr> <tr><td>41. Period (General only)</td><td>X</td><td></td><td></td></tr> <tr><td>42. Endocrine</td><td>X</td><td></td><td></td></tr> <tr><td>43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.)</td><td></td><td></td><td></td></tr> <tr><td>44. NOTES (Check each category) Normal Asymptomatic Pat. Chronic Pat. Periodic Severe</td><td></td><td></td><td></td></tr> </tbody> </table>					Yes	No	NE	17. Head, face, neck, and scalp	X			18. Nose	X			19. Throat	X			20. Mouth and throat	X			21. Ears - General (int. and ext. canal; auditory acuity under 70 dB HL)	X			22. Ocular (refraction)	X			23. Eyes - General (visual acuity and refraction under 20/200; visual field)	X			24. Ophthalmoscope	X			25. Pupils (equality and reaction)	X			26. Ocular motility (associated with refraction)	X			27. Heart (thrust, rate, rhythm)	X			28. Lungs and chest (general)	X			29. Thoracic system (general)	X			30. Abdomen and rectum (general)	X			31. Abdomen and rectum (detailed)	X			32. External genitalia (detailed)	X			33. Upper extremities	X			34. Lower extremities (detailed)	X			35. Feet (See item 32 Continued)	X			36. Spine, other musculoskeletal	X			37. Identifying body marks, scars, tattoos	X			38. Skin, lymphatics	X			39. Neurologic	X			40. Psychiatric (Specify any personality deviation)	X			41. Period (General only)	X			42. Endocrine	X			43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.)				44. NOTES (Check each category) Normal Asymptomatic Pat. Chronic Pat. Periodic Severe			
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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY (Read Privacy Act Statement and instructions on back before completing form.)			
1. TO:	2. FROM:	3. DATE (YYYYMMDD)	
4. MEMBER NAME (Last, First, Middle Initial)	5. IDENTIFICATION NUMBER	6. GRADE	7. DATE OF BIRTH (YYYYMMDD)
8. ORGANIZATION	9. TYPE OF DUTY	10. FLIGHT PHYSICAL DATE (YYYYMMDD) (If applicable)	
11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.			
a. X one: <input type="checkbox"/> CLEARED AFTER (X): <input type="checkbox"/> Temporary medical disqualification <input type="checkbox"/> Waiver recommended (Not USAF) <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Reporting to new duty station <input type="checkbox"/> Waiver granted <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION:			
b. EFFECTIVE DATE (YYYYMMDD)		c. EXPIRATION DATE (YYYYMMDD)	
12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.			
a. X one: <input type="checkbox"/> TEMPORARY DISQUALIFICATION DUE TO (X): <input type="checkbox"/> Illness or Injury <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> MAY PARTICIPATE IN (X): <input type="checkbox"/> Simulator duties <input type="checkbox"/> Ground based flight line duties <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> PERMANENT DISQUALIFICATION			
b. EFFECTIVE DATE (YYYYMMDD)		c. ESTIMATED DURATION OF GROUNDING	
13. REMARKS/LIMITATIONS <input type="checkbox"/> VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES. <input type="checkbox"/> MUST CARRY EXTRA SPECTACLES.			
<div style="font-size: 2em; font-weight: bold; color: #e67e22;">SAMPLE</div>			
14. (X one): <input type="checkbox"/> FLIGHT SURGEON <input type="checkbox"/> OTHER (Countersignature required for Air Force and Navy up to)			
a. TYPED NAME (Last, First, Middle Initial)	b. GRADE	c. PROVIDER SIGNATURE	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME (Last, First, Middle Initial)	f. GRADE	g. FLIGHT SURGEON COUNTERSIGNATURE	h. DATE SIGNED (YYYYMMDD)
15. MEMBER CERTIFICATION a. I certify that I understand the above recommendations and that I: <input type="checkbox"/> MAY <input type="checkbox"/> MAY NOT perform flight duties.			
b. AIRCREW MEMBER SIGNATURE		c. DATE SIGNED (YYYYMMDD)	
16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			
a. TYPED NAME (Last, First, Middle Initial)	b. TITLE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

Medical - FAA Medical Exam Reimbursement

- The SF1099A is required for reimbursement for an FAA medical examination.
- Complete the appropriate fields of the form by typing your information in. Finance will not accept handwritten forms.
- Required Fields: Section 1 A through F.
- This form does not need to go to your financial institution. Once filled out, you will forward it to the 306 FTG/RA (email provided as needed).

NOTE: Bring the receipt for your FAA medical with you to the Day 1 IDMT brief. The receipt must be legible, have your name on it, and the actual receipt (not a bank statement). If the receipt is not legible, you will need to request another one from the servicing provider's office. You may scan your receipt on a white piece of paper and once complete, email your documents to 1FTS.MILO@caemilusa.com to begin the reimbursement process.

Student Pilot Certificate Instructions

- If you obtained your FAA Class III medical and Student Pilot Certificate BEFORE 1 APR, 2016 it had a 5 year expiration date and is no longer valid. You will need to apply for a new certificate.
- If you have your student certificate in hand, bring that to training. You may also skip the steps below.
- If you do not have a Student Pilot Certificate, follow these steps:
 - Create an Integrated Airman Certification and Rating Application (IACRA) account at <https://iacra.faa.gov>.

- Create a Student Pilot Certificate Application and record your FAA Tracking Number (FTN).

NOTE: Your application is not complete until you hit “Submit Application.” See reference below.

Certificate Summary

Certificate Type: Student Pilot
Certificate #: PENDING

Limitations:
1. CARRYING PASSENGERS IS PROHIBITED

1 - View Privacy Act
2 - Review Application
3 - Submit Application

- Physically present yourself to a Certified Flight instructor (CFI), Designated Examiner (DE), or Flight Standards District Office (FSDO) to have them electronically submit your application to the FAA.
- If you are unable to locate a CFI, this last step can be completed upon arrival at CAE when reporting to the MTO (military training officer) section. You will need your FTN, username, and password.
- For more detailed instructions reference the “Student Pilot Certificate (SPC) Application Instructions” document on the CAE IFT website.

Student Pilot Certificates

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION		CERTIFICATE NO. BB-654987	
STUDENT PILOT CERTIFICATE			
THIS CERTIFIES THAT (Full name and address): HANNA MARIE JASON 7206 YORK ROAD TOWSON, MD 21212			
BIRTH DATE	HEIGHT	WEIGHT	HAIR
7/2/73	63 IN	130 LB	BROWN
EYES	SEX	HAZEL	
Has met the standards prescribed in Part 1 of the Federal Aviation Regulations for a Student Pilot Certificate.			
ISSUANCE DATE: 7/7/2008		EXPIRATION DATE: 1/31/2008	
SIGNATURE OF EXAMINER OR INSPECTOR David P. Cooper		EXAM. DESIG. NO. OR INSPECTOR'S REG. NO. EA 04-8853	
DATE EXAMINER'S DESIG. EXPIRES: 5/31/07			
STUDENT PILOT'S SIGNATURE: HANNA M. JASON			
FAA Form 8710-2 (2-77) FORMERLY FAA FORM 8420-1			

New plastic style

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION		XI	
IV. NAME JOHN Q PUBLIC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
V. ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
VI. NATIONALITY: USA	SEX: M	HEIGHT: 75	WEIGHT: 230
VII. D.O.B.: 18 AUG 1977	HAIR: BROWN EYES: BROWN		
IX. HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF			
II. FLIGHT ENGINEER			
III. CERTIFICATE NUMBER: XXXXXXXXXXXX			
X. DATE OF ISSUE: 16 MAY 2002			
CARD 1 of 2	XV	ADMINISTRATOR	

For Student Pilot Certificate Questions contact 1 FTS at (719) 423-8340.

Fitness

Maintaining Physical Fitness

- During the Academic week, all new students are assigned to a physical fitness time with their designated flight. Students may utilize the Fitness Center or the outside track.
- Students are encouraged to maintain a healthy physical fitness routine following Academics and throughout their time at IFT.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) ADDRESS (street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER F TYPE OF PAYMENT (Check only one) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension </div> <div style="width: 48%;"> <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retiree <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other (specify) </div> </div>			
B NAME OF PERSON(S) ENTITLED TO PAYMENT C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">TYPE</td> <td style="width: 50%; border: none;">AMOUNT</td> </tr> </table>		TYPE	AMOUNT
TYPE	AMOUNT				
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE	DATE	SIGNATURE	DATE		
SIGNATURE	DATE	SIGNATURE	DATE		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER CHECK DIGIT		
DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Reset

GOVERNMENT AGENCY COPY

1199-207

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

PRIVACY ACT NOTICE

Collection of the information in this Direct Deposit Sign-Up Form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the Federal Government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- C** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- F** Type of payment is printed to the left of the amount.

The diagram shows a sample government check with the following details:

- Month Day Year:** 08 | 31 | 84
- 15-51 000:** PHILADELPHIA, PA
- Check No.:** 0000 415785
- Pay to the order of:** (Label A points to this field)
- Amount:** 28 28 (Label F points to this field)
- Boxed area:** DOLLARS CTS (Label C points to this area)
- NOT NEGOTIABLE**
- Bottom line:** :00000518: 0415771926*

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.



DA20-C1 BOLDFACE

ABORT

THROTTLE — IDLE
BRAKES — AS REQUIRED
FLAPS — CRUISE

ENGINE MALFUNCTION — SUFFICIENT RUNWAY REMAINING TO LAND

AIRSPEED — 60 KIAS
FLAPS — LDG

FUEL PRESSURE LOSS

FUEL PUMP — ON

ENGINE FIRE IN FLIGHT

FUEL SHUTOFF VALVE — OFF
CABIN HEAT — OFF

ENGINE FIRE ON THE GROUND

FUEL SHUTOFF VALVE — OFF
CABIN HEAT — OFF

ELECTRICAL FIRE ON THE GROUND

GEN/BAT MASTER SWITCH — OFF

ELECTRICAL FIRE IN FLIGHT

GEN/BAT MASTER SWITCH — OFF
AIR VENTS AND WINDOWS — OPEN

CABIN FIRE IN FLIGHT

GEN/BAT MASTER SWITCH — OFF
AIR VENTS AND WINDOWS — OPEN
CABIN HEAT — OFF



DA20-C1 BOLDFACE

ABORT

THROTTLE — IDLE
BRAKES — AS REQUIRED
FLAPS — CRUISE

ENGINE MALFUNCTION — SUFFICIENT RUNWAY REMAINING TO LAND

AIRSPEED — 60 KIAS
FLAPS — LDG

FUEL PRESSURE LOSS

FUEL PUMP — ON

ENGINE FIRE IN FLIGHT

FUEL SHUTOFF VALVE — OFF
CABIN HEAT — OFF

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FUEL SHUTOFF VALVE — OFF
CABIN HEAT — OFF

ELECTRICAL FIRE ON THE GROUND

GEN/BAT MASTER SWITCH — OFF

ELECTRICAL FIRE IN FLIGHT

GEN/BAT MASTER SWITCH — OFF
AIR VENTS AND WINDOWS — OPEN

CABIN FIRE IN FLIGHT

GEN/BAT MASTER SWITCH — OFF
AIR VENTS AND WINDOWS — OPEN
CABIN HEAT — OFF

DA20-C1 OPERATING INFORMATION TABLE

NOTE: Numbers printed below in **bold** type must be committed to memory.

Indicated Airspeeds

V _{SO} Stall speed with flaps LDG (KIAS)	34
V _{S1} Stall speed with flaps CRUISE (KIAS)	42
V _R Rotate speed (KIAS)	44
Lift-off speed (KIAS)	52
Min. FL final approach speed with flaps LDG (KIAS)	55
Pattern SFL final approach speed with flaps LDG (KIAS)	60
V _X Best angle of climb speed with flaps T/O (KIAS)	60
Normal landing final approach speed (KIAS)	60
Min. engine-out speed to sustain windmilling prop (KIAS)	60
Min. FL final approach speed with flaps T/O (KIAS)	60
Min. FL final approach speed with flaps CRUISE (KIAS)	65
No-Flap landing final approach speed (KIAS)	65
V _X Best angle of climb speed with flaps CRUISE (KIAS)	65
V _Y Best rate of climb speed with flaps T/O (KIAS)	66
V _Y Best rate of climb speed with flaps CRUISE (KIAS)	70
Best glide speed at 1764 lbs (KIAS)	73
V_{FE} Max. Airspeed with flaps LDG (KIAS)	78
V_{FE} Max. Airspeed with flaps T/O (KIAS)	100
V_A Max. speed for full or abrupt control inputs at 1764 lbs (KIAS)	106
V_{NO} Max. structural cruising speed (KIAS)	118
Force a stopped propeller to windmill if starter inop (KIAS)	137
V_{NE} Never-exceed speed (KIAS)	164

Maneuvering

Positive limit load factor with flaps CRUISE (Gs)	+4.4
Negative limit load factor with flaps CRUISE (Gs)	-2.2
Positive limit load factor with flaps T/O or LDG (Gs)	+2.0
Negative limit load factor with flaps T/O or LDG (Gs)	0
Max. bank in steep turns, chandelles, and lazy eights (deg.)	60

Voltmeter

Voltmeter lower limit red arc (volts)	8-11
Voltmeter caution range yellow arc (volts)	11-12.5
Voltmeter green arc (volts)	12.5-16
Voltmeter upper limit red line (volts)	16.1

Fuel

Approved fuel grade	100LL
Usable fuel (US gal.)	24
Fuel tank capacity (US gal.)	24.5

Weight and Balance

Max. ramp weight (lbs)	1770
Max. takeoff weight (lbs)	1764
Max. landing weight (lbs)	1764
Forward CG limit at or below 1653 lbs (inches aft of datum)	7.95
Forward CG limit at 1764 lbs (inches aft of datum)	8.07
Aft CG limit at 1764 lbs (inches aft of datum)	12.16
Aft CG limit at or below 1653 lbs (inches aft of datum)	12.48
Max. weight in baggage compartment (lbs)	44

Power Plant Operation

RPM normal operating range (tachometer green arc)	700-2800
Min. RPM during engine runup idle check	975
Min. "Area Idle" RPM	1400
Min. RPM during operations with fuel pump on	1400
Min. permissible full-throttle static RPM during engine runup	2000
Max. permissible continuous RPM if an IFT student is PF	2700
Max. permissible continuous RPM (tachometer redline)	2800
Min. RPM drop during magneto check	25
Max. RPM drop during magneto check	150
Max. RPM drop difference between magnetos	50
Max. permissible continuous engine power (bhp)	125
Min. oil pressure (psi)	10
Oil pressure normal operating range (psi)	30-60
Max. time for oil pressure to reach 10 psi after start (sec.)	30
Max. oil pressure for full power operation if OAT < 0°C (psi)	70
Max. oil pressure (psi)	100
Min. oil temperature (°F)	75
Max. RPM after start until oil temp indication registers	1000
Oil temperature normal operating range (°F)	170-220
Min oil temp. to begin an area SFL at area idle (°F)	170
Min. oil temp for full power operation if oil pressure is normal (°F)	100
Max. oil temperature (°F)	240
Min. oil quantity (US qts)	4
Max. oil quantity (US qts)	6
Fuel pressure lower limit red line (psi)	3.5
Fuel pressure upper limit red line (psi)	16.5
Max. continuous starter operation (sec.)	10
Max. cumulative starter operation before 3-5min cooling (sec.)	30
Max. time for CHT below 300°F in descent (minutes)	5
Min. CHT takeoff & descent (°F)	240
CHT normal operating range (°F)	300-420
CHT caution range (°F)	420-460
Max. CHT (°F)	460
Max. OAT operation w/ full winterization kit (°C)	0
Max. OAT operation w/ partial winterization kit (°C)	12.5

Pattern Wind Limits

Max. tailwind dual or solo (kts)	5
Max. student solo gust spread (kts)	10
Max. student solo crosswind (kts)	10
Max. dual crosswind if an IFT student is PF below 500' AGL (kts)	15
Max. student solo total wind (kts)	20
DA20-C1 Max. demonstrated crosswind component (kts)	20
Max. dual total wind if an IFT student is PF below 500' AGL (kts)	25

Misc.

Max. aircraft structural temperature (°C)	55
Propeller approx. minimum ground clearance (inches)	10
Main landing gear tire pressure (psi)	33
Nose gear tire pressure (psi)	26
Min. OAT where cabin heat is not req for 10 min. before T/O (°C)	-20



“The Gateway to USAF Aviation”

CAE Initial Flight Training

1 William White Blvd
Pueblo, CO 81001

CAE Main Directory: 719-423-8600
CAE/1FTS Fax: 719-948-2822