

# Initial Flight Training (IFT) Pre-Arrival Guide



1st Flying Training Squadron  
CAE Doss Aviation IFT

## Pre-Arrival Guide Index

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“The Gateway to USAF Aviation”

## 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://cs2.eis.af.mil/sites/app10-ETCA/SitePages/Home.aspx>

- Pilot: S-V8A-S - CSO: S-V8C-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: PRIVATE PILOT CERTIFICATE (PPC) HOLDERS OR HIGHER ARE PROHIBITED FROM ATTENDING IFT WITHOUT A WAIVER FROM AETC. QUESTIONS? CALL 19 AF/DOUA AT (210) 652-9646.**

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

IF YOU HAVE QUESTIONS NOT ADDRESSED IN THE  
GUIDE, CONTACT THE IFT MILITARY LIAISON:  
**719-423-8340**

### Contact Information:

Registrar: (719) 423-8336

Medical Techs: (719) 423-8333/8335

DOSS Lodging: (719) 423-8506

DOSS Security: (719) 423-8535

1 FTS: (719) 423-8340

1 FTS e-mail: 1FTS.MILO@L3Harris.COM

### Your Mailing Address while attending IFT:

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

### Things to do:

- ☐ Read this entire guide and watch the Success at IFT video via the CAE Doss website! <https://www.cae.com/defence-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
    - Provide your travel itinerary to CAE Doss **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 Form 2808
- ☐ Memorize Boldface and Ops Limits

## 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

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## 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, Doss Aviation 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//

TODD M. ZIELINSKI, Lt Col, USAF  
Commander



## **Travel and In-Processing**

**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 (off-site) and transportation costs. Plan to arrive on DAY 0 between 0900 and 1800 Mountain Time.

**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.

**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.

### **Lodging Note**

- Some students will be double-billed. If you would like to volunteer for double-billeting 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 or CSO).

### **In-Processing**

- IFT staff will give you detailed in-processing guidance upon arrival.
- You need to 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 (if required) easily accessible upon arrival.

### **Departure**

- Students will plan to depart on the day following their checkride.
- 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 (sympathy) 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 will be allowed to stay at IFT if they experience flight scheduling or availability issues. These situations must be validated by an MTO.

## Uniforms

- Get flight uniforms that fit from your home station and bring them to IFT. IFT does not provide uniforms for students.
- Students attending IFT who have been issued the A2CU uniform are authorized to wear that uniform. The A2CU uniform will be worn in accordance with AFI36-2903, AFGM2018-03, dated 28 September 2018. The OCP uniform is NOT authorized.

• All  
students  
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 PT. (Recommended)
- 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)

## 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 personal hygiene products.
- 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 Requirement Breakdown**

## **ALL STUDENTS REQUIRE:**

### **1. A completed and stamped 2808.**

**a. Must have been stamped within 4 years of projected IFT grad date**

**b. If Blue stamp states FCX (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.

### **c. Review boxes 61, 63, 67, 76, & 77 of the 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

### **d. Sitting height/Buttocks to knee measurements are in box 73.**

- The Aircraft at IFT are small and you may not fit.
- As a general rule of thumb 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.

### **e. A full 2808 is a minimum of three pages.**

**2. If you require corrective lenses to fly:**

- a. You must have 2 pairs in good condition while at IFT**
- b. One pair is worn during flying the other is kept on your person.**
- c. They must meet dress and appearance standards of 36-2903**
- d. If you are on the Air Crew Soft Contacts Lens Program (ACSCLP) it must be documented in ASIMS prior to IFT start**
  - 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
- e. 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

**3. Must NOT be DNIF/Down**

- a. This is documented on a 2992.**
  - Not all students have a 2992
    - 1. Pilots don't need them here but may have one in ASIMS so double check
    - 2. All RPA students require them, see RPA only section
  - 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) 2992 must be placed prior to arrival at IFT.
  - We **Will Not** correct 2992 issues at IFT and Students that come to IFT DNIF will be returned to their home units.

- **Pilots Only Requirements:**

1. **2808 Must be for a Flying Class 1**

- a. Example Stamp:

Medically Qualified for: FCI, FCIA, RPA Pilot, FCIII, GBO, ATC,(Exam), MOD  
(Exam)

//Signed//

HQ AETC/SGPS (DD MMM YYYY)

- b. May have waiver requirements and will read as **FCI (w/waiver)** on the stamp.

- c. Not all Stamps are the same but ensure 2808 stamp reflects that Fly is approved

**ALL OTHER PILOT REQUIREMENTS ARE  
COVERED IN THE ALL STUDENTS  
SECTION**



# **RPA Only Requirements:**

## **1. Must have FAA Flying Class III**

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

## **2. 2808 Must Be Stamped RPA Pilot or GBO**

- a. Example 2808 Stamp:

Medically Qualified for: RPA Pilot, GBO, ATC, (Exam), MOD (Exam)

//Signed//

HQ AETC/SGPS (DD MMM YYYY)

- b. May have waiver requirement and will read as RPA Pilot (w/waiver) or GBO (w/waiver)
- c. Not all stamps are the same, ensure that RPA Pilot or GBO is approved

## **3. Current 2992 for Aeronautical Orders (AO's)**

- a. 2992's are not a medical requirement for IFT but AO's are required for training.
- b. 2992's are created by your Flight Surgeon and are documented in ASIMS
- c. They must NOT expire while at IFT and can NOT be DOWN/DNIF 2992's.
- d. Questions about your 2992 or AO's should be directed to your home Flight Surgeon for 2992 and HARM office for AO's.

**ALL OTHER RPA REQUIREMENTS ARE**  
**COVERED IN THE ALL STUDENTS**  
**SECTION**

## • **IFT Med Team Notes/Contact Info**

- 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 uncompleted 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 else medical for your initial flight training please feel free to reach out using the numbers below:

**MSgt Whitfield, Toni**

**Email: [toni.whitfield@us.af.mil](mailto:toni.whitfield@us.af.mil)**

**Phone: 719-423-8333**

**SSgt Becker, Nathan**

**Email: [nathan.becker@us.af.mil](mailto:nathan.becker@us.af.mil)**

**Phone: 719-423-8335**

**SSgt Hoch, Graham**

**Email: [graham.hoch@us.af.mil](mailto:graham.hoch@us.af.mil)**

**Phone: 719-423-8605**

### **Clinic Hours:**

**Monday-Friday, 0730-1630**

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## DD Form 2808 (3/4 pages)

## DD Form 2992

REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD) 20160503	2. SOCIAL SECURITY NUMBER 820680008
<b>PRIVACY ACT STATEMENT</b> 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.			
3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix) Staden, Bradley, Michael		4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 20800 N. 10th St Phoenix, AZ 85028	
5. HOME TELEPHONE NUMBER (Include Area Code) 602-990-0000		6. GRADE C2C	
7. DATE OF BIRTH (YYYYMMDD) 19900101		8. SEX Male	
9. AGE 21		10. RACIAL CATEGORY (If one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Decline to Respond	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 2.92 b. CIVILIAN		12. AGENCY (Non-Service Members Only) USAF	
13. ORGANIZATION UNIT AND UIC-CODE Cadet Wing		14. a. RATINGS OR SPECIALTY (Aviation Only) b. TOTAL FLYING TIME c. LAST SIX MONTHS	
15. a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input checked="" type="checkbox"/> Air Force		16. b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	
17. c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> AOTC Scholarship Program		18. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) 10 AMDS/SGFPF 2355 Faculty Dr. USAF, CO 80840-4000	
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column. Enter "Not" if not evaluated.)			
17. Head, face, neck, and scalp 18. Nose 19. Sinuses 20. Mouth and throat 21. Ears - General (int. and ext. canal/auditory acuity under item 7) 22. Ears - Hearing (Perforation) 23. Eyes - General (Visual acuity and refraction under item 7) 24. Ophthalmoscopy 25. Pupils (Size and reaction) 26. Ocular motility (Associated ocular muscle weakness) 27. Heart (Thrust, size, rhythm) 28. Lungs and chest (Chest) 29. Vascular system (Blood pressure) 30. Anus and rectum (Hemorrhoids, fissures, proctitis) 31. Adhesions and scars (Skin) 32. External genitalia (Genitals) 33. Upper extremities 34. Lower extremities (Knee) 35. Feet (See item 36 Continued) 36. Tissue, skin, musculoskeletal 37. Identifying body marks, scars, tattoos 38. Skin, lymphatics 39. Neurologic 40. Psychiatric (Specify any personality deviation) 41. Periodic (Female only) 42. Snoring 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.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class Exam Type:			
44. NOTES: (Describe any conditionality in detail. Enter pertinent item numbers and results.) 45. Right eye normal, bilateral. 46. Left eye normal, bilateral. 47. Right eye normal, bilateral. 48. Left eye normal, bilateral. 49. Cadet will be type 1 class 1 by USAFA graduation.			

DD FORM 2808, JAN 2003

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)	6. IDENTIFICATION NUMBER	8. GRADE	7. DATE OF BIRTH (YYYYMMDD)
5. ORGANIZATION	9. TYPE OF DUTY	10. FLIGHT PHYSICAL DATE (YYYYMMDD) (If applicable)	
11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY. <input type="checkbox"/> X one: <input type="checkbox"/> CLEARED AFTER (X): <input type="checkbox"/> Temporary medical disqualification <input type="checkbox"/> Reporting to new duty station <input type="checkbox"/> Waiver recommended (Not USAF) <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION: <input type="checkbox"/> Waiver granted <input type="checkbox"/> Other (See remarks)			
b. EFFECTIVE DATE (YYYYMMDD)		c. EXPIRATION DATE (YYYYMMDD)	
12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY. <input type="checkbox"/> 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			
d. 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.			
<h1>SAMPLE</h1>			
14. (X one): <input type="checkbox"/> FLIGHT SURGEON <input type="checkbox"/> OTHER (Countersignature required for Air Force and Navy only)			
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)

DD FORM 2992, JAN 2015

## FAA Medical Exam/ Student Pilot Certificate

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION		CERTIFICATE NO. BB-654987	
<b>STUDENT PILOT CERTIFICATE</b>			
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 lbs	BROWN
EYES	SKIN		
HAZEL			
Has met the standards prescribed in Part 61 of the Federal Aviation Regulations for a Student Pilot Certificate.			
ISSUED BY		EXPIRATION DATE	
1/7/2006		1/31/2008	
SIGNATURE OF EXAMINER OR INSPECTOR		EXAM. DESIG. NO. OR INSPECTOR'S REG. NO.	
David P. Cooper DAVID P. COOPER		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

## **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).

**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@L3Harris.com](mailto:1FTS.MILO@L3Harris.com) to begin the reimbursement process.**

## 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)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS											
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER											
CITY	STATE	ZIP CODE	<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> ) <table border="0"><tr><td><input type="checkbox"/> Social Security</td><td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td></tr><tr><td><input type="checkbox"/> Supplemental Security Income</td><td><input type="checkbox"/> Mil. Active</td></tr><tr><td><input type="checkbox"/> Railroad Retirement</td><td><input type="checkbox"/> Mil. Retire.</td></tr><tr><td><input type="checkbox"/> Civil Service Retirement (OPM)</td><td><input type="checkbox"/> Mil. Survivor</td></tr><tr><td><input type="checkbox"/> VA Compensation or Pension</td><td><input type="checkbox"/> Other</td></tr></table> <i>(specify)</i>	<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire.	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other
<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay												
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active												
<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire.												
<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor												
<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other												
TELEPHONE NUMBER AREA CODE													
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT													
<b>C</b> CLAIM OR PAYROLL ID NUMBER  Prefix Suffix		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> ) <table border="1"><tr><td>TYPE</td><td>AMOUNT</td></tr></table>		TYPE	AMOUNT								
TYPE	AMOUNT												
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> 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.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> 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		
<b>FINANCIAL INSTITUTION CERTIFICATION</b> 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

PAYEE 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 government check with the following details:
 

- Top right: 15-51 000 PHILADELPHIA, PA
- Check No. 0000 415785
- Date field: Month (08), Day (31), Year (84)
- Pay to the order of: (Label A points to this field)
- Amount field: 28 28 (Label F points to this field)
- Check type: DOLLARS CTS
- Bottom right: NOT NEGOTIABLE
- Bottom center: :00000518: 0415771926
- Label C points to the claim number field (00) on the date line.

**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.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

## Student Pilot Certificate Instructions

If you obtained your FAA Class III medical and Student Pilot Certificate BEFORE 1 APR, 2016 bring both parts of your Paper FAA Class III medical/ Student Pilot Certificate.

If you have your student certificate in hand, bring that with you and skip these steps.

Otherwise, obtain the Student Pilot Certificate using the following procedures:

1. If you don't have one, create an Integrated Airman Certification and Rating Application (IACRA) account at <https://iacra.faa.gov>.
2. Create a Student Pilot Certificate Application and record your FAA Tracking Number (FTN).
3. 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 to Doss when you visit 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 Doss Aviation 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 7306 YORK ROAD TOWSON, MD 21212			
BIRTH DATE	HEIGHT	WEIGHT	HAIR EYES
7/2/73	63 IN	130 LB	BROWN HAZEL
Has met the standards prescribed in Part 61 of the Federal Aviation Regulations for a Student Pilot Certificate			
ISSUED BY LIMITATIONS	ISSUANCE DATE 1/7/2006		EXPIRATION DATE 1/31/2008
	SIGNATURE OF EXAMINER OR INSPECTOR David P. Cooper 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		XI	
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION			
IV. NAME JOHN Q PUBLIC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
V. ADDRESS XX XX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
VI. NATIONALITY	USA	SEX	HEIGHT WEIGHT HAIR EYES
IVa. D.O.B.	18 AUG 1977	M	75 230 BROWN BROWN
IX. HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF			
II. FLIGHT ENGINEER			
III. CERTIFICATE NUMBER XXXXXXXXXXXXX			
X. DATE OF ISSUE 16 MAY 2002			
CARD 1 of 2	XIV	ADMINISTRATOR	

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

## **RPA Aeronautical Orders**

RPA students are required by AFI to be on Aeronautical Orders 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 2992 (medical form) for you to process your AO's. This should start happening about three weeks prior to training.

## DA-20 Boldface

Be able to write and speak this boldface verbatim when you arrive.

### **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 OPERATING INFORMATION TABLE

## Indicated Airspeeds (KIAS)

V <sub>SO</sub> Stall speed with flaps LDG	34
V <sub>SI</sub> Stall speed with flaps CRUISE	42
V <sub>R</sub> Rotate speed	44
Lift-off speed	52
<b>Min. forced landing final approach speed with flaps LDG</b>	<b>55</b>
Standard pattern SFL final approach speed with flaps LDG	60
V <sub>X</sub> Best angle of climb speed with flaps T/O	60
Normal landing final approach speed	60
<b>Min. engine-out speed to sustain windmilling prop</b>	<b>60</b>
<b>Min. forced landing final approach speed with flaps T/O</b>	<b>60</b>
<b>Min. forced landing final approach speed with flaps CRUISE</b>	<b>65</b>
No-Flap landing final approach speed	65
V <sub>X</sub> Best angle of climb speed with flaps CRUISE	65
V <sub>Y</sub> Best rate of climb speed with flaps T/O	66
V <sub>Y</sub> Best rate of climb speed with flaps CRUISE	70
<b>Best glide speed (1764 lbs)</b>	<b>73</b>
<b>V<sub>FE</sub> Max. Airspeed with flaps LDG</b>	<b>78</b>
<b>V<sub>FE</sub> Max. Airspeed with flaps T/O</b>	<b>100</b>
<b>V<sub>A</sub> Max. speed for full or abrupt control inputs (1764 lbs)</b>	<b>106</b>
<b>V<sub>NO</sub> Max. structural cruising speed</b>	<b>118</b>
<b>Force a stopped propeller to windmill if starter is inop</b>	<b>137</b>
<b>V<sub>NE</sub> Never-exceed speed</b>	<b>164</b>

## Maneuvering

Positive limit load factor (flaps CRUISE)	+4.4
Negative limit load factor (flaps CRUISE)	-2.2
Positive limit load factor (flaps T/O or LDG)	+2.0
Negative limit load factor (flaps T/O or LDG)	0
<b>Max. permissible bank angle for steep turns (in degrees)</b>	<b>60</b>

## Voltmeter

Voltmeter lower limit red arc (volts)	8-11
Voltmeter caution range yellow arc (volts)	11-12.5
<b>Voltmeter green arc (volts)</b>	<b>12.5-16.1</b>
Voltmeter upper limit red line (volts)	16.1

## Fuel

Approved fuel grade	100LL
<b>Usable fuel (US gal.)</b>	<b>24.0</b>
Fuel tank capacity (US gal.)	24.5

## Weight and Balance

Max. ramp weight (lbs)	1770
<b>Max. takeoff weight (lbs)</b>	<b>1764</b>
Max. landing weight (lbs)	1764
Forward CG limit (at or below 1653 lbs)	7.95
Forward CG limit (1764 lbs)	8.07
Aft CG limit (1764 lbs)	12.16
Aft CG limit (at or below 1653 lbs)	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
<b>Min. RPM ("area idle") if beyond gliding range of a runway</b>	<b>1400</b>
<b>Min. RPM during operations with fuel pump off</b>	<b>1400</b>
Min. permissible full-throttle static RPM during engine runup	2000
Max. permissible continuous RPM if an IFT student is PF	2700
<b>Max. permissible continuous RPM (tach redline)</b>	<b>2800</b>
Min. RPM drop during magneto check	25
Max. RPM drop during magneto check	150
Max. RPM drop difference between magnetos	50
Max. permissible continuous bhp	125
Min. oil pressure (psi)	10
<b>Oil pressure normal operating range (psi)</b>	<b>30-60</b>
<b>Max. time for oil pressure to reach 10 psi after start (sec.)</b>	<b>30</b>
Max. oil pressure for full power operation if OAT < 0°C (psi)	70
<b>Max. oil pressure (psi)</b>	<b>100</b>
Min. oil temperature (°F)	75
<b>Max. RPM after start until oil temp indication registers</b>	<b>1000</b>
<b>Oil temperature normal operating range (°F)</b>	<b>170-220</b>
<b>Min oil temp. to begin an area SFL at area idle (°F)</b>	<b>170</b>
Min. oil temp for full power operation if oil pressure norm (°F)	100
Max. oil temperature (°F)	240
<b>Min. oil quantity (US qts)</b>	<b>4</b>
<b>Max. oil quantity (US qts)</b>	<b>6</b>
Fuel pressure lower limit red line (psi)	3.5
Fuel pressure upper limit red line (psi)	16.5
<b>Max. continuous starter operation (sec.)</b>	<b>10</b>
<b>Max. cumulative starter operation before 3-5min cooling (sec.)</b>	<b>30</b>
Max. time for CHT below 300°F in descent (minutes)	5
Min. CHT (°F) takeoff & descent	240
CHT normal operating range (°F)	300-420
CHT caution range (°F)	420-460
Max. CHT (°F)	460
Max. OAT (°C) operation w/ full winterization kit	0
Max. OAT (°C) operation w/ partial winterization kit	12.5

## Pattern Wind Limits (KTS)

<b>Max. tailwind dual or solo</b>	<b>5</b>
<b>Max. student solo gust spread</b>	<b>10</b>
<b>Max. student solo crosswind</b>	<b>10</b>
Max. dual crosswind if IFT student is PF below 500' AGL	15
<b>Max. student solo total wind</b>	<b>20</b>
<b>DA20-C1 Max. demonstrated crosswind component</b>	<b>20</b>
Max. dual total wind if IFT student is PF below 500' AGL	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 (°C) cabin heat not req for 10 min. before T/O	-20

20 OCT 2018

Items in bold type must be committed to memory.





“The Gateway to USAF Aviation”

## Doss Aviation IFT

1 William White Blvd  
Pueblo, CO 81001

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