

**CONTRACTOR CREWMEMBER FLIGHT SUMMARY**

OMB No. 0704-0347  
Expires:  
November 30, 2026

The public reporting burden for this collection of information is estimated to average 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 27 U.S.C. 310a, Public Law 92-204; Public Law 93-294; DODD 7730.57

**PURPOSE AND USE:** This form is intended to serve as a summary of an individual's flight record to support the contractor crewmember approval process.

**ROUTINE USE:** May be disclosed for any of the blanket routine uses published by the DoD.

**DISCLOSURE:** Voluntary; However, failure to provide information may prevent authorization to perform duties in aircraft under Government contract.

**1. NAME OF CREWMEMBER** (Last Name, First, Middle Initial):

**2. CONTRACTOR REPRESENTED** (Name and address)

**3. MISSION, DESIGN, AND SERIES (MDS) AIRCRAFT OR OTHER REQUIREMENT FOR THIS QUALIFICATION:**

**4a. IDENTIFY CREW POSITION AND QUAL:**

**4b. MISSION TYPE:**  EXPERIMENTAL  ENGINEERING  FUNCTIONAL CHECK  MAINTENANCE TEST  SUPPORT

**5. REASON FOR SUBMISSION:**

INITIAL QUAL  REQUAL  UPGRADE TRNG  QUALIFIED NEW HIRE  OTHER (Specify) \_\_\_\_\_

**SECTION I – FLIGHT EXPERIENCE** (Time to nearest hour)

**6. FLYING TIME BY TYPE**

**7. TOTAL FLYING TIME**

JET \_\_\_\_\_ HRS    TURBO PROP \_\_\_\_\_ HRS    UNMANNED \_\_\_\_\_ HRS    ROTARY/TILTROTOR \_\_\_\_\_ HRS

8. AIRCRAFT MDS (Date Last Flown)	PERIOD OF TIME	9. PILOT-IN-COMMAND	10. COPILOT	11. INSTRUCTOR / EVALUATOR	12. NIGHT	13. IMC	14. SIM	15. EXP TEST	16. ENG TEST	17. OTHER
	Last 12 months									
	Total									
	Last 12 months									
	Total									
	Last 12 months									
	Total									
	Last 12 months									
	Total									
	Last 12 months									
	Total									

Controlled by:  
Controlled by:  
CUI Category:  
Distribution/Dissemination Control:  
POC:

<b>SECTION II ADDITIONAL REQUIREMENTS</b> <i>(Fill in where applicable)</i>			
<b>REQUIREMENTS</b>	<b>CHECKED BY</b>	<b>DATE</b>	<b>PLACE</b>
18. PHYSICAL EXAM			
19. PHYSIOLOGICAL TRNG			
20. CENTRIFUGE TRNG			
21. ACFT EGRESS/EVAC TRNG			
22. AFE/ALSE/ALSS TRNG			
23. CRM/ACT TRNG			
24. LAND SURVIVAL TRNG			
25. WATER SURVIVAL TRNG			
26. OTHER <i>(Specify)</i>			
<b>27. HAVE YOU EVER HAD AN AIRCRAFT ACCIDENT</b> <i>(as defined by FAR or military procedures)</i> <b>OR PHYSIOLOGICAL REACTION</b> <i>(e.g. hypoxia, decompression sickness, spatial disorientation)</i> <b>AS A PILOT, OR OTHER CREW MEMBER?</b> <i>(If yes, explain.)</i>			
<b>28. HAVE YOU EVER BEEN CHARGED WITH A FLYING VIOLATION?</b> <i>(If so, state the violation and circumstances.)</i>			
<b>29. LIST ALL FAA CERTIFICATIONS, LICENSES, RATINGS, QUALIFICATIONS, ETC.</b> <i>(For additional space use blank sheet.)</i>			
<b>30. I certify that all information listed on this form is accurate and I can provide source documentation if requested.</b>			
Date		Signature of Crewmember	

**Contractor Crewmember Flight Summary Instructions**

1. Name of Crewmember – self-explanatory
2. Contractor Represented – self-explanatory
3. MDS Aircraft, Crewmember Qual, and/or Other Requirements for this Qualification – self-explanatory
- 4a. Identify Crew Position – MDS Crew position (Pilot, Co-Pilot, Crew Chief, WSO, etc.)
- 4b. Mission Type - Mission qualification level sought; should match DD2627 and DD2628
5. Select the reason for the crewmember record review

**Section I. Complete all times by rounding to the nearest hour:**

6. Flying Time by Type – self-explanatory
7. Total Flying Time – self-explanatory
8. MDS and Date Last Flown – Input applicable MDS. Like series aircraft may be grouped. Insert date last flown below aircraft MDS. Use a separate sheet for additional aircraft.
9. Pilot-in-Command – for the purposes of this summary record, document the time as the designated aircraft commander (not necessarily at the controls)
10. Copilot – document time in which crewmember records flight time but is not the aircraft commander
11. Instructor/Evaluator – input combined instructor and evaluator hours as applicable
12. Night – self-explanatory
13. IMC – actual and/or simulated
14. Sim – self-explanatory
15. Experimental Test – input hours for experimental test as defined in the 8210-1 and acting as the aircraft commander
16. Engineering Test – input hours for engineering test as defined in the 8210-1 and acting as the aircraft commander
17. Other – for pilots: input time when not occupying a designated duty station or conforming to the requirements of PIC or Copilot time. All other crewmembers (e.g., navigators, loadmasters, sensor operators) may log flight time here.

**Section II. Additional Requirements:**

18. – 26. Additional Requirements – input the date & location of most recent training/event and whom validated completion
27. – 28. Aircraft accident or physiological reaction & flying violation – self-explanatory
29. List FAA Qualifications – include all FAA qualifications, licenses, ratings, and certifications held
30. Read statement and sign to certify compliance and accuracy of records