

COMMANDER'S TASK LIST

For use of this form see TC 3-04.11; the proponent agency is TRADOC.

PART I. BIOGRAPHICAL

Name: (b)(3), (b)(6)	PID:	Birth Month: (b)(3)	FAC:
Duty Title: FLIGHT ENGINEER	Aircraft Type: CH-47D	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Additional <input type="checkbox"/> Alternate

PART II. AUTHORIZED FLIGHT DUTIES/STATIONS

	PI	PC	UT	IP	SP	IE	MP	FCP	ME	XP	CE	FE	FI	SI	AO	MO	OR	Remarks
Right/Back Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Left/Front Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Other Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cabin RL1													
NVG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cabin RL 1													
NVS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

PART III. FLYING-HOUR REQUIREMENTS

	Annual	First Period	Second Period	Remarks/Adjustment
Dates	JUN11-MAY12	JUN11-OCT11	NOV11-MAY12	
Total Aircraft Hours		24	24	
Total Simulator Hours				
Night Unaided Hours				
NVG Hours		9	9	
Hood/Weather Hours				
Other Hours (Specify)				
Other Hours (Specify)				

PART IV. EVALUATION REQUIREMENTS

	Designated Period (AC/USAR) or Qtr (ARNG)	Remarks/Date Completed
Standardization Flight Evaluation	MAR12-MAY12	
Instrument Flight Evaluation		
Operator's Manual Written Examination	MAR12-MAY12	
NVG Flight Evaluation	MAR12-MAY12	
Maintenance Test Flight Evaluation		
Other (Specify) CBRN EVAL	JUN11-MAY12	
Other (Specify)		

PART V. ENCLOSURES

1. DA Form 7120-1-R (Crew Member Task Performance and Evaluation Requirements)
2. DA Form 7120-2-R (Crew Member Task Performance and Evaluation Requirements Continuation Sheet) Yes No
3. DA Form 7120-3-R (Crew Member Task Performance and Evaluation Requirements Remarks and Certification)
4. Other (Specify)
5. Other (Specify)

PART VI. CERTIFICATION

This form, its enclosure(s), and the aircrew training manual establish your Aircrew Training Program requirements.

(b)(3), (b)(6)	Date: JUN11
I certify that I have read and understand my ATP requirements contained on this form, its enclosure(s), and the aircrew training manual.	
Crew Memt	Date: JUN11

**CREW MEMBER TASK PERFORMANCE AND EVALUATION REQUIREMENTS
REMARKS AND CERTIFICATION**

For use of this form see TC 3-04.11; the proponent agency is TRADOC.

REMARKS:

(b)(3), (b)(6)

CH-47D

1JUN11

All tasks will be IAW TC 1-240 dated OCT 07.

Combat Identification training program (ROC-V) course software must be completed as part of the APART requirements. Date Completed:

Aviation Mission Survivability Training

The AMS training program reinforces the skill of the individual, crew, and unit. The program provides training that realistically reflects the full spectrum of electronic warfare, based on applicable equipment and expected areas of deployment. Individual AMS training requirements are outlined below.

CBAT Instructions:

NCM must complete all modules. Completion will be aligned with NCM APART period. Date Completed:

AMS Academic training is required annually (TC 3-04.11).

NCM will receive annual academic training in:

Threat capabilities, Date Completed:

Airspace deconfliction procedures, Date Completed:

Approved survivability TTP, Date Completed:

ALSE training will be completed once annually. Date Completed:

Fratricide prevention training is required annually. Date Completed:

ACT Enhanced Refresher training will be conducted once annually. Date Completed:

Aeromedical training is required annually (TC 3-04.11, FM 3-04.301) The following subjects are required:

Altitude Physiology, Date Completed:

Spacial Disorientation, Date Completed:

Aviation Protective Equipment, Date Completed:

Stress, Fatigue, and Exogenous Factors, Date Completed:

CERTIFICATION:

I have/have not completed my ATP flying-hour, task performance, and evaluation requirements.

Crew Member's Signature:

Date: