

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), (b)(6)	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"/>														
NVG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
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	NOV 10 - OCT 11	SEP 10 - APR 11	MAY 11 - OCT 11	
Total Aircraft Hours		24	24	
Total Simulator Hours				
Night Unaided Hours	1			
NVG Hours		5	5	
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	AUG 11 - OCT 11	
Instrument Flight Evaluation		
Operator's Manual Written Examination	AUG 11 - OCT 11	
NVG Flight Evaluation	AUG 11 - OCT 11	
Maintenance Test Flight Evaluation		
Other (Specify) CBRN EVAL	AUG 11 - OCT 11	
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.

Commander: (b)(3), (b)(6)	Signature: _____	Date: 1 NOV 10
I certify that I have read and understand my ATP requirements contained on this form, its enclosure(s), and the aircrew training manual.		
Crew Member's Signatur: (b)(3), (b)(6)		Date: 1 NOV 10

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

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REMARKS:

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

01 SEP 10

1. ITERATIONS DESIGNATED ON THE DA FORM 7120-1 ARE THE MINIMUM REQUIRED TO MAINTAIN PROFICIENCY. ADDITIONAL ITERATIONS OF TASKS IN ANY MODE AUTHORIZED BY THE ATM ARE PERMITTED.

2. TASK NUMBERS 2052, 2059, 2064, 2078 AND 2112 ARE TO BE PERFORMED AS ASSETS ARE AVAILABLE. PRIOR TO PERFORMING THESE TASKS ON A MISSION, NCM MUST BE EVALUATED AND SIGNED OFF BY AN SI OR AN FI.

3. NCM must complete the following during this TY:

ACT-E COMP _____

ROC-V COMP _____

CBRN EVAL _____

CBAT REQUIREMENTS:

CMWS COMP _____

APR-39 COMP _____

4. AUTHORIZED TO MOTOR ENGINES FOR MAINTENANCE CHECKS

CERTIFICATION:

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

Crew Member's Signature:

Date: