

CERTIFICATE OF UNIVERSAL AIRCREW QUALIFICATION						DATE COMPLETED	
I. EXAMINEE IDENTIFICATION							
NAME (Last, First , Middle Initial)			GRADE		DoD ID		
ORGANIZATION AND LOCATION			ELIGIBILITY PERIOD		EXPIRATION DATE		
MDS/CREW POSITION	II. REQUISITE INFORMATION			III. AIRCREW EVALUATION INFORMATION			
	REQUISITES	DATE	RESULTS	AIRCREW EVALUATION	DATE	QUAL LEVEL	
IV. ADDITIONAL MDS QUALIFICATION							
V. ADDITIONAL TRAINING							
DUE DATE(S)				DATE ADDITIONAL TRAINING COMPLETED			
CERTIFYING OFFICIAL, RANK AND ORGANIZATION			SIGNATURE			DATE	
VI. OTHER							
<input type="checkbox"/> RESTRICTIONS <i>(Explain in Comments on Back)</i>		<input type="checkbox"/> EXCEPTIONALLY QUALIFIED <i>(Explain in Comments on Back)</i>			<input type="checkbox"/> COMMANDER-DIRECTED DOWNGRADE <i>(Explain in Comments on Back)</i>		
VII. ENDORSEMENT							
	TYPED NAME AND GREADE	ORGANIZATION	CHECK			SIGNATURE	DATE
			CONC CUR	DON CON COUR	RE MARKS		
1	FLIGHT EXAMINER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	REVIEWING OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	FINAL APPROVING OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I CERTIFY that I have been briefed and understand the action being taken this date.							
DATE	TYPED NAME AND GRADE OF EXAMINEE			SIGNATURE			

AF Form 8A CONTINUATION

VII.

COMMENTS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013;

PRINCIPAL PURPOSE: Source document used to establish and record aircrew qualification

DISCLOSURE IS VOLUNTARY: Failure to provide may prevent qualification authorization and result in a loss of records establishing qualification.

SYSTEM OF RECORD: F011 AF XO A AVIATION RESOURCE MANAGEMENT SYSTEM