

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

I MISSION DATA									
1. DATE (DD MMM YYYY)		2. MDS (Exp: MQ009A)		3. SERIAL # (YY-TTTT)		4. UNIT CHARGED FOR FLYING HOURS		5. HARM LOCATION/UNIT DESIGNATED TO PERFORM THE MISSION	

FLT SEQ	MISSION NUMBER	MISSION SYMBOL	FROM (ICAO)	TO (ICAO)	TAKE OFF TIME (Z)	LAND TIME (Z)	TOTAL TIME	14. LANDINGS			SORTIES	CONVERSION Minutes Dur	
								TOUCH & GO	FULL STOP	TOTAL			
6	7	8	9	10	11	12	13				15		
a.													
b.													
c.													
d.													
e.													
f.													
							GRAND TOTALS						

1 - 2 = .0
 3 - 8 = .1
 9 - 14 = .2
 15 - 20 = .3
 21 - 26 = .4
 27 - 33 = .5
 34 - 39 = .6
 40 - 45 = .7
 46 - 51 = .8
 52 - 57 = .9
 58 - 60 = NEXT

II AIRCREW DATA (Continued on reverse)																			
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HOME STATION FLYING ORG	SSN (LAST 4)	LAST NAME	FLIGHT AUTH CREW POSITION	FLIGHT TIME								FLIGHT CONDITIONS						RESV STATUS	GCS SN
				PRI	SEC	INSTR	EVAL	OTHER	TOTALS		COMBAT		COMBAT SPT		LRE	MCE			
									TIME	SRTY	TIME	SRTY	TIME	SRTY					
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	

35. LR/MC Crew Authorization #	36. MAINTENANCE REVIEW:	37. LR/MC OPS REVIEW:	38. LR/MC SARM REVIEW:	39. ARMS INPUT	40. ARMS AUDIT
				DATE: INITIALS:	DATE: INITIALS:

41. EXTRACT CERTIFICATION (if required): I certify I am a commissioned officer, gov civ (when PIC), or HARM Chief and this is a true copy of an AF FORM 3521 and the extracted names have been crossed out.

Printed Name: _____ Rank: _____ Branch of Svc: _____ Signature: _____

