

SPATIAL – D -- AUX-18 TRAINING FORM

I, _____ (name), _____ (member number) certify
that I attended the above

listed training courses in Pensacola Florida on these dates

_____.

Course Instructor _____

Date _____

AUXAIR Student _____

Date _____

QUALIFICATION: (circle all that apply)

OBS AIRCREW CO-PILOT FIRST PILOT AIRCRAFT
COMMANDER

SQUADRON: (circle one)

CORPUS CHRISTIE HOUSTON NEW ORLEANS

Send this form to Michael Baker DSO-AV

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