

Member Training Record Review

Name: _____

Number: _____

Aircraft Checkouts

<u>Aircraft</u>	<u>AF Form 1584</u>	<u>Open Book</u>	<u>Closed Book</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night	<input type="checkbox"/>	<input type="checkbox"/>	
Mountain	<input type="checkbox"/>	<input type="checkbox"/>	

Annual Requirements

	<u>AF Form 1584</u>	<u>Open Book</u>
Initial/Annual Standardization	<input type="checkbox"/>	<input type="checkbox"/>
Initial/Annual Instrument	<input type="checkbox"/>	<input type="checkbox"/>
Initial/Annual Instructor	<input type="checkbox"/>	<input type="checkbox"/>

Administrative Items

AF Form 1585	<input type="checkbox"/>
Airman's Certificate	<input type="checkbox"/>
Current Medical	<input type="checkbox"/>
Application	<input type="checkbox"/>

Date Reviewed: _____

Within Previous 12 Months