

SUMMARY OF AERONAUTICAL EXPERIENCE

LAST NAME	FIRST NAME	MIDDLE NAME
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A. FLIGHT TRAINING		
	Training Description and Location	Date Completed
UNDERGRADUATE PILOT TRAINING		
TEST PILOT SCHOOL		
OTHER		

B. FLIGHT EXPERIENCE				
Aircraft	Year Last Flown	First Pilot Hours	Copilot Hours	Other Crew-Member Hours

C. FLIGHT HOURS		
Total Flight Hours:	Test Pilot Experience(Years):	Number of Combat Missions: