

REQUEST FOR DESIGNATION AS ARMY AVIATOR/FLIGHT SURGEON

The proponent agency is ARNG-AV. The prescribing directive is NGR 600-105.

INSTRUCTIONS

- 1. *Submit original copy. Duplicate copies not required.*
- 2. *Application must be signed by the individual's unit commander or authorized representative.*
- 3. *State Army Aviation Officer (SAAO) approves request by initialing and dating the Thru line.*
- 4. *Ensure that documents required for flight surgeons, as specified, are enclosed.*

DATE OF REQUEST: <input type="text"/>	REQUEST DESIGNATION AS: <input type="checkbox"/> Senior Army Aviator <input type="checkbox"/> Master Army Aviator <input type="checkbox"/> Senior Flight Surgeon <input type="checkbox"/> Master Flight Surgeon
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FROM: <input type="text"/>	TO: Chief, National Guard Bureau Attn: ARNG-AV (Aviation & Safety) ARNGRC, 111 South George Mason Drive Arlington, VA 22204-1382
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THRU: State Army Aviation Officer	Date Signed: <input type="text"/>
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Applicant meets the eligibility requirements as prescribed in AR 600-105, Chapter 2, Table 2-5 for the requested designation.

LASTNAME, FIRSTNAME, MI: <input type="text"/>	RANK: <input type="text"/>	MOS/BRANCH: <input type="text"/>
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EFFECTIVE DATE: <input type="text"/>	ASED: <i>(For Flight Surgeons Only)</i> <input type="text"/>	TOFDC: <i>(In Months)</i> <input type="text"/>	TOTAL FLIGHT TIME:	MILITARY <input type="text"/>	CIVILIAN <input type="text"/>
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ARAV DATE: <input type="text"/>	DATE OF LAST PHYSICAL: <input type="text"/>	SOLDIER'S UNIT NAME, UIC AND ADDRESS: <input type="text"/>
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ENCLOSURES REQUIRED (FOR FLIGHT SURGEONS ONLY)

For Designation as a Senior Flight Surgeon: 2-Year Operational Flying Criteria

For Designation as a Master Flight Surgeon: Copy of the American Board of Preventive Medicine Certification as a Specialist in Aerospace Medicine

I CERTIFY THAT THE INFORMATION IS CORRECT AND WAS VERIFIED FROM OFFICIAL RECORDS.

Date Signed:

Signature of Unit Commander/Authorized Representative