

# 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:

REQUEST DESIGNATION AS:

Senior Army Aviator  Master Army Aviator  Senior Flight Surgeon  Master Flight Surgeon

FROM:

TO: Chief, National Guard Bureau  
Attn: ARNG-AV (Aviation & Safety)  
ARNGRC, 111 South George Mason Drive  
Arlington, VA 22204-1382

THRU: State Army Aviation Officer

Date Signed:

**Applicant meets the eligibility requirements as prescribed in AR 600-105, Chapter 2, Table 2-5 for the requested designation.**

LASTNAME, FIRSTNAME, MI:

RANK:

MOS/BRANCH:

EFFECTIVE DATE:

ASED: (For Flight Surgeons Only)

TOFDC: (In Months)

TOTAL FLIGHT TIME:

MILITARY

CIVILIAN

ARAV DATE:

DATE OF LAST PHYSICAL:

SOLDIER'S UNIT NAME, UIC AND ADDRESS:

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