



U.S. DEPARTMENT OF THE INTERIOR  
INTERAGENCY HELICOPTER PILOT  
EVALUATION APPLICATION

OAS-64B (1-18)



**I. Applicant Information**

a. Pilot Name (Last, First)	b. Office Telephone	c. E-mail
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d. Employer	e. Previous Employer
Address	Dates Employed to Telephone
City, ST ZIP	Previous Employer
Telephone	Dates Employed to Telephone
Hire Date	

f. PIC HELICOPTER	Hours	g. PILOT HISTORY
Total		Date of Last Agency Flight Evaluation _____ <input type="checkbox"/> OAS <input type="checkbox"/> USFS
Last 12 Months		Date of Previous Agency Card _____ <input type="checkbox"/> OAS <input type="checkbox"/> USFS
Last 90 Days		(Attach a copy)
More than 12,500 lbs.		<input type="checkbox"/> YES <input type="checkbox"/> NO Aircraft accidents within the last 5 years.
Turbine Engine		<input type="checkbox"/> YES <input type="checkbox"/> NO FAA violations within the last 5 years.
Reciprocating Engine		<input type="checkbox"/> YES <input type="checkbox"/> NO OAS or USFS pilot card denied, suspended, or revoked.
Mountainous Terrain		(Attach details and explanation for each YES)

h. 14 CFR 135 QUALIFICATIONS		
Date	Make, Model & Series	Type of Qualification
_____	_____ <input type="checkbox"/> VFR	<input type="checkbox"/> IFR <input type="checkbox"/> IFR W/AP <input type="checkbox"/> SIC Only
_____	_____ <input type="checkbox"/> VFR	<input type="checkbox"/> IFR <input type="checkbox"/> IFR W/AP <input type="checkbox"/> SIC Only
_____	_____ <input type="checkbox"/> VFR	<input type="checkbox"/> IFR <input type="checkbox"/> IFR W/AP <input type="checkbox"/> SIC Only
_____	_____ <input type="checkbox"/> VFR	<input type="checkbox"/> IFR <input type="checkbox"/> IFR W/AP <input type="checkbox"/> SIC Only
(Attach FAA 8410-3 or equivalent)		

i. OTHER FAA 14 CFR DOCUMENTATION (dates as required)				
j. M M & Series	VTR	Mtn	12 mo	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
61.55 SIC Qualification _____ 61.56 Flight Review _____				
61.57 IFR Currency _____ 61.58 PIC Proficiency _____				
133 Demonstration _____ 137 Demonstration _____				
(Attach a copy of endorsements, letters or logbook entries when requested)				

k. Applicant Remarks

I. I certify that the information listed on this form is true and correct. In addition, I certify that I have read the information provided pursuant to Public Law 93-579 (Privacy Act of 1974).

Pilot: \_\_\_\_\_  
(Signature) (Date)

m.  I certify that I have verified the information listed on this form and that it is true and correct to the best of my knowledge.  
 I certify that this pilot received a minimum of 10 hours of vertical reference/external load flight training for initial qualification, has received 2 hours of vertical reference longline training within the past 12 calendar months, and has demonstrated proficiency in accordance the Interagency Helicopter Practical Test Standards.

Company Official: \_\_\_\_\_  
(Print Name and Title) (Signature) (Date)

**II. Inspector Information:**

a. Checklist of Documents Verified by the Inspector	Exp Date
<input type="checkbox"/> Pilot Certificate	
<input type="checkbox"/> Medical Certificate	
<input type="checkbox"/> 14 CFR 135 Evaluation	
<input type="checkbox"/> 14 CFR 137 Endorsement	
<input type="checkbox"/> 14 CFR 133 Endorsement	
<input type="checkbox"/> VTR Training Endorsement	
<input type="checkbox"/> Signature Page – Ops & Safety Proc Guide	<input type="checkbox"/> A110
<input type="checkbox"/> OAS-60B	<input type="checkbox"/> GCNP-SFRA
<input type="checkbox"/> OAS-64C	<input type="checkbox"/> MH1
<input type="checkbox"/> MTN_FLY	<input type="checkbox"/> MH2
	<input type="checkbox"/> MH3

b.  Approved attach OAS-30B c.  Disapproved (see remarks)

d. Inspector: \_\_\_\_\_  
(Print Name) (Agency) (Date) (Signature)

e. Remarks: \_\_\_\_\_