

SPECIAL FLYING PROGRAM RECOMMENDATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE: Required for officers to apply for advanced flight training. SSN is required to show positive identification of applicant relative to other personnel records. To determine if the applicant meets course prerequisites and eligibility criteria.

ROUTINE USES: Generally permitted under Title 5 U.S.C. 552a(b)(3) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 U.S.C. 552a(b)(3) as follows: DoD 'Blanket Routine Uses' apply.

DISCLOSURE: Voluntary, however, failure to provide the information may deny the individual an opportunity to seek and attend the course he or she may be qualified for. Failure to provide SSN may also delay or hinder action on an individual's request.

SORN: F036 AF PC C, Military Personnel Records System.

INSTRUCTIONS:

This is not a recitation of OPR bullets, but your assessment of the applicant's ability to complete Test Pilot School.

DO NOT EXCEED the limits of space provided for remarks, nor attach documents such as separate letters of recommendation.

The squadron commander or equivalent of all applicants should know the flying and/or technical ability and technical competence firsthand. If the applicant's squadron commander or equivalent does not know of the applicant's flying or technical ability and/or technical competence firsthand, the next most senior officer in the chain of command is acceptable.

Rated applicant recommendations must minimally contain an evaluation of the officer's: piloting or navigation skill, crew member performance, experience, technical competence, energy, and determination in flying, including ability and willingness to do precision flying according to predetermined flight plans. All applicants must be evaluated for judgment, patience, adaptability, and responsibility, ability to analyze problems, ability to work and blend in a group, ability to be proactive and take initiative, interest in research or experimental test work, ability, after further training, to decide issues of development, testing, and suitability for future Air Force aerospace systems.

No more than three recommendations may be submitted for each applicant - squadron commander or equivalent plus two others.

Recommending officers submitting AF Fm 1712 by separate correspondence may do so directly to AFMCA3TPSApplication@us.af.mil.

1a. APPLICANT LAST NAME	1b. APPLICANT FIRST NAME	2. APPLICANT RANK	3. APPLICANT SSN	4. APPLICANT PHONE

RECOMMENDING OFFICIAL INFORMATION:

5a. LAST NAME	5b. FIRST NAME	6. RANK or GRADE	7. DUTY TITLE

8. ORGANIZATION	9. EMAIL ADDRESS	10. PHONE (COMM)

11a. ORGANIZATION STREET ADDRESS	11b. DUTY STATION	11c. ZIP CODE

12A. I AM A TPS GRADUATE		12B. GRAD YEAR		12C. SCHOOL ATTENDED
<input type="checkbox"/>				

13. REMARKS (NARRATIVE FORMAT PREFERRED, TYPEWRITTEN OR HANDWRITTEN ACCEPTABLE)

14A. I AM THE APPLICANT'S SQUADRON COMMANDER OR SQUADRON COMMANDER EQUIVALENT	
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14B. I HAVE FIRSTHAND KNOWLEDGE OF THIS INDIVIDUAL'S FLYING AND/OR TECHNICAL ABILITY AND TECHNICAL COMPETENCE	
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15. CANDIDATE IS #		OF		OVERALL OF CANDIDATES I AM RECOMMENDING THIS BOARD.
<input type="checkbox"/>				

16A. SIGNATURE (Electronic or Wet acceptable)	16B. DATE