

OAS-64B Instructions

PRIVACY ACT NOTICE

General - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for inclusion in a system of records.

Authority - The authority to collect the information on the attached form is contained in 5 USC 552A.

Purpose and Use - This information, along with data you may have supplied previously, and information developed by investigation will be for use by such as:

1. To determine your pilot qualifications to comply with contract specifications.
2. Transfer to the U.S. Department of Justice in the event of litigation.
3. Transfer, in the event there is indicated violation or potential violation of a statute, regulation, whether civil, criminal, or regulatory in nature, to the appropriate agency or agencies, whether Federal, State, local, or foreign, charged with the responsibility of investigation or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, order, or license violated or potentially violated.

I. Applicant Information

- a. Pilot Name (Last, First) – Self-explanatory.
- b. Office Telephone - Self-explanatory.
- c. E-mail – Company or email address used for business.
- d. Employer – The Company that holds the contract.
- e. Previous employer information.
- f. PIC HELICOPTER – Provide Pilot-in-Command time as required by the contract. Additional documentation of flight time may be required. Ldgs=Number of landings.
- g. PILOT HISTORY – Self-explanatory.
- h. 14 CFR 135 QUALIFICATIONS - Self-explanatory.
- i. OTHER FAA 14 CFR DOCUMENTATION – Provide dates completed for FAA required training and/or evaluations. Be prepared to present documentation to an OAS pilot inspector as required.
- j. M M & Series – Make, Model & Series. VTR – Vertical Reference flight time, flight time acquired while maneuvering this MM&S helicopter via vertical reference. Mtn – Mountainous terrain flight time acquired in this MM&S at and below 1000 feet within designated mountainous areas defined by 14 CFR 95 Subpart B, 12 mo – Flight time in this MM&S within the previous 12 calendar months, Hours – PIC time in this MM&S. It may be necessary to provide additional MM&S within a make and model family to document required make and model time.
- k. Applicant Remarks – Add anything you feel is pertinent.
- l. Self-explanatory – Electronic signatures are acceptable.
- m. Company Official must be Director of Operations, Chief Pilot or equivalent. First box must always be checked. The second box is only required when applicant is vertical reference longline approved or seeking evaluation. Electronic signatures are acceptable.

II. Inspector Information:

- a. Checklist of Documents Verified by the Inspector – A checked box indicates that you, the inspector, looked at the required documents and then returned them to the applicant. Provide expiration date as required.
- b. Check if applicant is approved and attach a copy of the OAS-30B issued to the applicant.
- c. Check if applicant is not approved and add any required comments in the remarks section.
- d. Electronic signatures are acceptable
- e. Add any comments necessary.



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

OAS-64B (3-18)



**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: \_\_\_\_\_  
\_\_\_\_\_