Maritime Helicopters

TRAINING VERIFICATION

NAME:_____ POSITION:_____ DATE: _____

EMPLOYEE NO.:_____ CERT. NO.:_____ LOCATION: _____

TYPE OF TRAINING RECEIVED:_____ CUSTOMER: _____

ON-THE-JOB OTHER

MAINTENANCE INFORMATION LETTER: (MIL) _____

SPECIFY:_____

SUBJECT OF TRAINING (Please leave a blank line between items.)	TYPE OF ACFT/ EQUIPMENT	HOURS	ATA CHAPTER AND SUBCHAPTER

I hereby acknowledge that I have received the training described above.

TRAINEE SIGNATURE:_____ EMPLOYEE NO.: _____

PRINTED NAME: _____

DELEGATED INSTRUCTOR:_____ EMPLOYEE NO.: _____

INSTRUCTOR SIGNATURE: _____

REMARKS: _____

_____

_____

Training administered by: Written Oral Practical

RETURN TO: Training Manager