5.3 Training Verification - Form TR-0005

Maritime Helicopters

TRAINING VERIFICATION

NAME: _____ POSITION: _____ DATE: _____

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

TYPE OF TRAINING RECEIVED: _____ CUSTOMER/VENDOR: _____

ON-THE-JOB OTHER

MAINTENANCE INFORMATION LETTEER: (MIL) _____

SPECIFIY: _____

SUBJECT OF TRAINING	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.: _____

INSTGRUCTOR SIGNATURE: _____

RREMARKS:

_____

_____

_____

Training administered by: Written Oral Practical

RETURN TO: Training Manager

Form TR-0005 07/01/2013