5.3 Training Verification - Form TR-0005

Maritime Helicopters

TRAINING VERIFICATION

NAME: Lukia White POSITION: Parts/Records DATE: 8/2020

EMPLOYEE NO: _____ CERT. NO.: N/A LOCATION: Homer

TYPE OF TRAINING RECEIVED: _____ CUSTOMER/VENDOR: _____

ON-THE-JOB OTHER

MAINTENANCE INFORMATION LETTEER: (MIL) _____

SPECIFIY: Material Control, Shelf Life Items, Aircraft Records Program

SUBJECT OF TRAINING	TYPE OF ACFT / EQUIPMENT	HOURS	ATA CHAPTER AND SUBCHAPTER
RSM Chp 10		16	
CFR's		2	

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

TRAINEE SIGNATURE: _____ EMPLOYEE NO.: 552

PRINTED NAME: Lukia White

DELEGATED INSTRUCTOR: Steven D. Slade EMPLOYEE NO.: 401

INSTGRUCTOR SIGNATURE: _____

RREMARKS:

_____

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Training administered by: Written Oral Practical

RETURN TO: Training Manager

Form TR-0005 07/01/2013