AVIATION SAFETY COUNSELOR INFORMATION SHEET

NAME _____ **DATE**_____

ADDRESS_____

			Best time to be reached at this number
PHONE NUMBER(S)	**HOME**	_____	_____
	WORK	_____	_____
	FAX/MOBILE/PAGER	_____	_____

*** NOTE: If you have an unlisted home phone number and do not want it printed on the counselor list, please indicate on the phone no. line.**

OCCUPATION_____

PILOT/Mechanic CERTIFICATE AND RATINGS_____

_____

CERTIFICATE NUMBER _____**TOTAL TIME**_____

CO/FBO AFFILIATION _____

✈ ✈ ✈ ✈ ✈ ✈ ✈ ✈ ✈ ✈ ✈ ✈

CHECKLIST:	YES	NO
1. INDIVIDUAL COUNSELED ON DUTIES, RESPONSIBILITIES, OBLIGATIONS, ETC.	___	___
2. SIGNED STATEMENT OF RESPONSIBILITIES	___	___
3. ISSUED FAA HANDBOOK NO. 8740.3a	___	___
4. ACCIDENT PREVENTION COUNSELOR BADGE	___	___
5. GIVEN LIST OF HANDOUTS, SLIDES/FILM	___	___
6. GIVEN LIST OF COUNSELORS	___	___
7. PUT ON MAILING LIST	___	___
8. CERTIFICATE/ID CARD MAILED	___	___