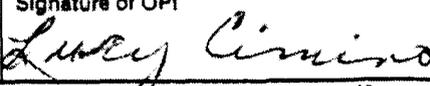


| | | | | |
|---|------------------------------------|---|--|-----------------|
|  U.S. Department of Transportation Federal Aviation Administration | | DIRECTIVES/REPORTS VALIDATION | | Suspense Date: |
| To OPI AEA-10 | From ASA-31 | Date: 3/16/2011 | | |
| Instructions: Please review Part 1 of this form. Your Directive/Report is due for validation and must be reviewed to determine if the established policy or procedures indicated are still current. After your review, please complete Part 2 and return this form to _____ | | | | |
| Part 1. — To be completed by the Paperwork Management Organization | | | | |
| a. Directives Validation Information | | | | |
| Directive Number 3000.25 | Title Employee Training History | Date Issued 7/1/79 | | |
| Additional Information | | | | |
| b. Reports Validation Information | | | | |
| Report Number (RIS) | Title | Date Issued | | |
| Additional Information | | | | |
| Part 2. — (to be completed by the OPI) | | | | |
| The Directive/Report has been reviewed in depth. Action checked below is recommended or has been taken. | | | | |
| A. Directives Action: | | B. Reports Action: | | |
| <input type="checkbox"/> Continue directive as written — continuing need is certified. Establish new validation date: _____ | | <input type="checkbox"/> Continue report as written — continuing need is certified. Establish new validation date: _____ | | |
| <input checked="" type="checkbox"/> Cancel directive. Related form(s) shall be cancelled, when applicable. | | <input type="checkbox"/> Cancel report. Related form(s) shall be cancelled, when applicable. | | |
| <input type="checkbox"/> Directive is being revised. Target date for completion is _____ <i>(Note: The directive should be revised within one (1) year).</i> | | <input type="checkbox"/> Report is being revised. Target date for completion is _____ <i>(Note: The report should be revised within one (1) year).</i> | | |
| Remarks: | | Remarks | | |
| Typed or printed name of OPI Lucy Cimino | | Signature of OPI  | | Date 3/17/11 |
| Do not write below this line. To be completed by the Directives/Reports Management Officer. | | | | |
| Date Action Taken | Printed Name | Signature | | |