

(b) (6)

REQUEST FOR APPROVAL OF CONTRACTOR FLIGHT CREWMEMBER		OMB No. 0704-0347 OMB Approval Expires Jul 31, 2007
<p>The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate (0704-0347). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE GOVERNMENT FLIGHT REPRESENTATIVE.</p>		
1. FROM (Name and Address of Contractor's Requesting Official)		2. TO (Name and Address of Government Flight Representative)
(b) (6) Northrop Grumman Unmanned Systems San Diego, CA		(b) (6) Patuxent River, MD
3. CONTRACTOR'S REQUESTING OFFICIAL (CRO). (b) (6) I have verified the records of (Crewmember's name) _____ and request that he/she be approved as a (crew position) <u>Air Vehicle Operator - Land & Ship based</u> for (Strike out all inapplicable) experimental/engineering/acceptance/production/functional/support flights in <u>Fire Scout VTUAV</u> type aircraft.		
a. TYPED NAME (Last, First, Middle Initial)	(b) (6)	c. DATE SIGNED 2 August 2006
4. INSTRUCTOR PILOT/FLIGHT EXAMINER (IP/FE) I certify that the crewmember above has satisfactorily flown a proficiency flight check on (Date) <u>29 July 2006</u>		c. DATE SIGNED
a. TYPED NAME (Last, First, Middle Initial)	b. SIGNATURE (b) (6)	2 August 2006
5. GOVERNMENT FLIGHT REPRESENTATIVE (GFR)		c. DATE SIGNED
<input checked="" type="checkbox"/> APPROVED	a. TYPED NAME (Last, First, Middle Initial) (b) (6)	(b) (6) (b) (6)
<input type="checkbox"/> DISAPPROVED	(b) (6)	8/2/06

DD FORM 2628, APR 2006

PREVIOUS EDITION IS OBSOLETE.

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(b) (6)	(b) (6)	
4. INSTRUCTOR PILOT/FLIGHT EXAMINER (IP/FE) I certify that the crewmember above has satisfactorily flown a proficiency flight check on (Date) <u>1 August 2006</u>		c. DATE SIGNED
a. TYPED NAME (Last, First, Middle Initial)	b. SIGNATURE (b) (6)	2 August 2006
(b) (6)	(b) (6)	
5. GOVERNMENT FLIGHT REPRESENTATIVE (GFR)		c. DATE SIGNED
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