



## Contract Number:

**USFS:**

DOI:

|                                                                                                                                                                     |  |                                                                                                                                                                                                                       |                                                                                                                                         |                                                                                                  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------|
| 1. Name (Last, First, Middle Initial)<br><b>Ricks, Brandon, S.</b>                                                                                                  |  | 2. Date of Birth<br><b>[REDACTED]</b>                                                                                                                                                                                 |                                                                                                                                         | 3. Primary Telephone Number<br><b>[REDACTED]</b>                                                 |                                  |
| 4. Home Address (Street, City, State & ZIP Code)<br><b>[REDACTED]</b>                                                                                               |  |                                                                                                                                                                                                                       |                                                                                                                                         | 5. E-Mail Address<br><b>[REDACTED]</b>                                                           |                                  |
| 6. Employed By<br><b>T+M Aviation</b>                                                                                                                               |  | 7. Address<br><b>[REDACTED]</b>                                                                                                                                                                                       |                                                                                                                                         | 8. Telephone No.<br><b>[REDACTED]</b>                                                            |                                  |
| 10. Previous Employer<br><b>[REDACTED]</b>                                                                                                                          |  | 12. Telephone No.<br><b>[REDACTED]</b>                                                                                                                                                                                |                                                                                                                                         | 9. Employed Since (m/yr)<br><b>1999</b>                                                          |                                  |
| 14. Previous Employer<br><b>[REDACTED]</b>                                                                                                                          |  | 15. Address<br><b>[REDACTED]</b>                                                                                                                                                                                      |                                                                                                                                         | 17. Period Employed (m/yr)<br>to<br><b>[REDACTED]</b>                                            |                                  |
| 18. Medical Certificate: (attach copy)<br>Class <b>2nd</b> Date <b>2/26/2014</b><br>Limitations: <b>Corrective Lenses</b>                                           |  | 19. Most Recent Interagency Pilot Card: (attach copy)<br>Date Issued: <b>3/30/2013</b> Expiration: <b>4/30/2014</b><br>Insp. Name: <b>K. Fowler</b> Agency: <b>OAS-E</b>                                              |                                                                                                                                         |                                                                                                  |                                  |
| 20. Airman Certificate: (attach copy)<br>Number: <b>[REDACTED]</b> Other Ratings: <b>[REDACTED]</b>                                                                 |  | 21. Most Recent Interagency Flight Evaluation Information<br>Date Evaluation Conducted: <b>3/30/2013</b><br>Insp. Name: <b>K. Fowler</b> Agency: <b>OAS-E</b>                                                         |                                                                                                                                         |                                                                                                  |                                  |
| 22. Aircraft accidents / FAA violations within the last 5 years:<br>(if Yes, explain in box 45) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |  | 23. Has a previous Interagency Pilot Card been denied, suspended or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If Yes, please explain in box 45 or attach an additional sheet.) |                                                                                                                                         |                                                                                                  |                                  |
| Helicopter Pilot-in-Command<br>Flight Time & Type of Flight                                                                                                         |  | PIC<br>Hours<br>Only                                                                                                                                                                                                  | (a)<br>Make, Model & Series<br>seeking approval in                                                                                      | (b)<br>Are you Type Rated for<br>column "a" aircraft?                                            | (c) PIC Hours for Column "a" A/C |
| 24. Total Helicopter                                                                                                                                                |  | <b>6146</b>                                                                                                                                                                                                           | 34. <b>204B III</b>                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <b>5532</b>                      |
| 25. Weight } Less than 12,500 lb<br>Class } 12,500 lb or more                                                                                                       |  | <b>6146</b>                                                                                                                                                                                                           | 35. <b>204L</b>                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <b>40</b>                        |
| 26. Turbine Engine                                                                                                                                                  |  | <b>6138</b>                                                                                                                                                                                                           | 36.                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | <b>230</b>                       |
| 27. Reciprocating Engine                                                                                                                                            |  | <b>8</b>                                                                                                                                                                                                              | 37.                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | <b>423</b>                       |
| 28. Preceding 12 months                                                                                                                                             |  | <b>623</b>                                                                                                                                                                                                            | 38. Signature Page - Operations & Safety Procedures Guide (File Only)                                                                   |                                                                                                  |                                  |
| 29. Preceding 90 days                                                                                                                                               |  | <b>100</b>                                                                                                                                                                                                            | 39. FAR 135 Evaluation: (FAA 8710-3 or Equivalent)                                                                                      |                                                                                                  |                                  |
| 30. Mountain Flying                                                                                                                                                 |  | <b>247</b>                                                                                                                                                                                                            | 40. Equipment Check Endorsement:                                                                                                        |                                                                                                  |                                  |
| 31. NVG Operations                                                                                                                                                  |  | <b>—</b>                                                                                                                                                                                                              | 41. CFR 14 Part 61.56 Flight Review:                                                                                                    |                                                                                                  |                                  |
| 32. Offshore                                                                                                                                                        |  | <b>88</b>                                                                                                                                                                                                             | 42. FAR 133 Endorsement:                                                                                                                |                                                                                                  |                                  |
| 33. Vertical Reference, VTR                                                                                                                                         |  | <b>80</b>                                                                                                                                                                                                             | 43. FAR 137 Endorsement:                                                                                                                |                                                                                                  |                                  |
| 45. Applicant Remarks:                                                                                                                                              |  |                                                                                                                                                                                                                       | 44. VTR Training Endorsement: (attach copy) <input type="checkbox"/> Snorkel <input type="checkbox"/> Longline <input type="checkbox"/> |                                                                                                  |                                  |
|                                                                                                                                                                     |  |                                                                                                                                                                                                                       | 46. OAS-60B <input type="checkbox"/> OAS-64C <input type="checkbox"/> OAS-89 <input type="checkbox"/>                                   |                                                                                                  |                                  |
|                                                                                                                                                                     |  |                                                                                                                                                                                                                       | 47. Attach Copy <input type="checkbox"/> Not Applicable <input type="checkbox"/>                                                        |                                                                                                  |                                  |

I certify that the information listed on this form is true and correct. In addition, I certify that I have read the statements attached to this form covering information pursuant to Public Law 93-579 (Privacy Act of 1974)

47. ~~Pilot Signature~~

|          |
|----------|
| 48. Date |
|----------|

3/31/2014

| 1. Approved<br>(Initial) | 2. Mission                                                                        | 3. Flight Evaluation        |                                     | 4. Expiration<br>Date (m/yr) | 1. Approved<br>(Initial) | 2. Mission                                    | 3. Flight Evaluation        |                          | 4. Expiration<br>Date (m/yr) |
|--------------------------|-----------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------------|--------------------------|-----------------------------------------------|-----------------------------|--------------------------|------------------------------|
|                          |                                                                                   | Administered<br>Date (m/yr) | Not<br>Administered                 |                              |                          |                                               | Administered<br>Date (m/yr) | Not<br>Administered      |                              |
| [REDACTED]               | Low Level (Recon. & Surv.)                                                        |                             | <input checked="" type="checkbox"/> |                              |                          | "Trainee Only" Pilot                          |                             | <input type="checkbox"/> |                              |
|                          | Helitack/Passenger Transport                                                      |                             | <input checked="" type="checkbox"/> |                              |                          | <sup>2</sup> Short Haul                       |                             | <input type="checkbox"/> |                              |
|                          | External Load (belly hook)                                                        |                             | <input checked="" type="checkbox"/> |                              |                          | Float Operations (fixed)                      |                             | <input type="checkbox"/> |                              |
|                          | <sup>1</sup> Water/Retardant Delivery                                             |                             | <input checked="" type="checkbox"/> | <u>04/16</u>                 | [REDACTED]               | Platform Landings: Offshore                   |                             | <input type="checkbox"/> |                              |
|                          | <sup>1</sup> Longline VTR (150 ft)                                                |                             | <input checked="" type="checkbox"/> | <u>04/16</u>                 |                          | <sup>1</sup> Vessel Landings                  |                             | <input type="checkbox"/> |                              |
|                          | <sup>1</sup> Snorkel <input type="checkbox"/> VTR <input type="checkbox"/> Mirror |                             | <input type="checkbox"/>            |                              |                          | <sup>2</sup> Night Vision Goggle Operations   |                             | <input type="checkbox"/> |                              |
| [REDACTED]               | Mountainous Terrain Flight                                                        |                             | <input type="checkbox"/>            |                              |                          | <sup>1</sup> ACETA Net Gun (all ACETA)        |                             | <input type="checkbox"/> |                              |
|                          | Aerial Ignition: PSD                                                              |                             | <input type="checkbox"/>            |                              |                          | <sup>1</sup> ACETA Eradication (only)         |                             | <input type="checkbox"/> |                              |
|                          | Aerial Ignition: Torch                                                            |                             | <input type="checkbox"/>            |                              |                          | <sup>1</sup> ACETA Gathering/Capture (Herdin) |                             | <input type="checkbox"/> |                              |
|                          | <sup>2</sup> Rappel Operations                                                    |                             | <input type="checkbox"/>            |                              |                          | <sup>1</sup> ACETA Darting (only)             |                             | <input type="checkbox"/> |                              |
|                          | <sup>1</sup> Cargo Letdown                                                        |                             | <input type="checkbox"/>            |                              |                          | Other _____                                   |                             | <input type="checkbox"/> |                              |
|                          | Snow Operations (deep snow)                                                       |                             | <input type="checkbox"/>            |                              |                          | Other _____                                   |                             | <input type="checkbox"/> |                              |
|                          | Designated "Pilot Trainer"                                                        |                             | <input type="checkbox"/>            |                              |                          | Other _____                                   |                             | <input type="checkbox"/> |                              |

Recurrence Flight Evaluation: <sup>1</sup> 3 years <sup>2</sup> 1 year

5. Make/Model/Series Aircraft:

a. BH206B, L

11. Make, model, and series:

6 Pilot Inspector (Print)

FOWLER

7. Pilot Inspector Signature \_\_\_\_\_

7.1 not inspector signature

8 Agency

|           |               |
|-----------|---------------|
| 6. Agency | 9. Issue Date |
| OAS.F     | 30 APR 14     |

|            |            |
|------------|------------|
| 01/02/2019 | 01/02/2019 |
|------------|------------|

10 Card

30 APR 15

20/11/15