



U.S. DEPARTMENT OF THE INTERIOR
INTERAGENCY HELICOPTER PILOT
EVALUATION APPLICATION

OAS-64B (9-17)



I. Applicant Information

a. Pilot Name (Last, First) CAREY, JOHN	b. Office Telephone [REDACTED]	c. E-mail [REDACTED]
d. Employer HMC Helicopter Service Llc. Address [REDACTED] City, ST ZIP Miami, FL. 33174 Telephone [REDACTED] Hire Date 4/2018	e. Previous Employer HMC Helicopters Dates Employed 4/17 to 7/17 Telephone [REDACTED] Previous Employer Heloair Dates Employed 2014 to 2016 Telephone [REDACTED]	

f. PIC HELICOPTER		g. PILOT HISTORY	
Total	Hours 6102	Date of Last Agency Flight Evaluation 3/6/2019	☒ OAS ☐ USFS
Last 12 Months	300	Date of Previous Agency Card 5/1/2018	☒ OAS ☐ USFS
Last 90 Days	70	(Attach a copy)	
More than 12,500 lbs.	-	☐ YES ☒ NO Aircraft accidents within the last 5 years.	
Turbine Engine	4800	☐ YES ☒ NO FAA violations within the last 5 years.	
Reciprocating Engine	1636	☐ YES ☒ NO OAS or USFS pilot card denied, suspended, or revoked.	
Mountainous Terrain	626	(Attach details and explanation for each YES)	
NVG Operations	206	h. 14 CFR 135 QUALIFICATIONS	
Night Unaided	650	Date	Make, Model & Series
Offshore Navigation	389	7/2019	B206BIII
Platform Ldgs	Vessel Ldgs	7/2019	B206LI
Vertical Reference	65	8/2018	B407
IFR Simulated	88		
IFR Actual	5		
j. M M & Series	VTR	Mtn	12 mo
B407	40	261	70
B206BIII	2	0	90
B206LI	9	0	50
i. OTHER FAA 14 CFR DOCUMENTATION (dates as required)			
61.55 SIC Qualification		61.56 Flight Review	
61.57 IFR Currency		61.58 PIC Proficiency	
133 Demonstration 5/1/18		137 Demonstration	
(Attach a copy of endorsements, letters or logbook entries when requested)			
k. Applicant Remarks			

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

Pilot: J.T. Carey 3/2020
(Signature) (Date)

m. ☐ I certify that I have verified the information listed on this form and that it is true and correct to the best of my knowledge.
☐ I certify that this pilot received a minimum of 10 hours of vertical reference/external load flight training for initial qualification, has received 2 hours of vertical reference longline training within the past 12 calendar months, and has demonstrated proficiency in accordance the Interagency Helicopter Practical Test Standards.

Company Official: Large Gomes 3/26/2020
(Print Name and Title) (Signature) (Date)

II. Inspector Information:			Exp Date
a. Checklist of Documents Verified by the Inspector	☐ VTR Training Endorsement	☐ A110	
☐ Pilot Certificate	☐ Signature Page - Ops & Safety Proc Guide	☐ GCNP-SFRA	
☐ Medical Certificate	☐ OAS-60B	☐ MH1	
☐ 14 CFR 135 Evaluation	☐ OAS-64C	☐ MH2	
☐ 14 CFR 137 Endorsement	☐ MTN_FLY	☐ MH3	
☐ 14 CFR 133 Endorsement			

b. ☐ Approved attach OAS-30B		c. ☐ Disapproved (see remarks)	
d. Inspector:	(Print Name)	(Agency)	(Date)
e. Remarks:			