5.3 Training Verification - Form TR-0005

Maritime Helicopters

TRAINING VERIFICATION

NAME: Tom Lapp POSITION: Hangar Lead DATE: 05/01/18

EMPLOYEE NO: 383 CERT. NO.: 2858019 LOCATION: Homer part 145

TYPE OF TRAINING RECEIVED: Load Testing CUSTOMER/VENDOR: N/A

ON-THE-JOB OTHER

MAINTENANCE INFORMATION LETTEER: (MIL) N/A

SPECIFIY: Cargo Hook Load Testing

SUBJECT OF TRAINING	TYPE OF ACFT / EQUIPMENT	HOURS	ATA CHAPTER AND SUBCHAPTER
Use of cargo hook load testing equipment		2	N/A

I hereby acknowledge that I have received the training described above.

TRAINEE SIGNATURE: _____ EMPLOYEE NO.: 383

PRINTED NAME: Tom Lapp

DELEGATED INSTRUCTOR: Brent Estep - Chief Inspector EMPLOYEE NO.: 395

INSTGRUCTOR SIGNATURE: _____

RREMARKS:

_____

_____

_____

Training administered by: Written Oral Practical

RETURN TO: Training Manager

Form TR-0005 07/01/2013