

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps

FLIGHT CERTIFICATE

NAME AND RANK (<i>PHS Commissioned Corps Officer</i>) (<i>Print or Type</i>)	DESIGNATION
	P.O. NUMBER

AUTHORIZED FLIGHT DUTY _____, 20____

FLIGHT RECORD:
FROM _____, 20____, TO _____, 20____

PLANE IDENTIFICATION NUMBER	DATE	STATION		FLIGHT TIME			
		FROM	TO	TAKE-OFF	LANDED	TOTAL	
						HRS.	MIN.

DATE	SIGNATURE OF PHS COMMISSIONED CORPS OFFICER	PUBLIC HEALTH SERVICE SERIAL NUMBER
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CERTIFICATE

I certify that under orders of competent authority in force during the above indicated periods, the individual whose name is listed hereon was in a flying status and has fulfilled all flight requirements and conditions in force during such periods; that such flights were performed while in a duty status and in the capacity designated hereon; and that the above entries have been verified by me with the entries in the organization flight log and the aircraft books or records of the aircraft in which the flights were performed.

DATE	TYPED NAME AND GRADE OF OFFICER CERTIFYING	SIGNATURE OF OFFICER CERTIFYING
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