

AIRCRAFT TIRE/WHEEL MAINTENANCE QUALIFICATION/CERTIFICATION REQUIREMENTS – O-LEVEL

Command: _____ W/C or Shop: _____ Date: _____

Name: _____ Employee Number: _____ Rate/Rank or Series/Grade: _____

W/C or Shop Supervisor Indoc: Signature: _____ Date: _____

1. REQUIRED READING <i>(applicable sections)</i>	Trainee Initials	Supervisor Signature	Date
A. COMNAVAIRFORINST 4790.2A	_____	_____	_____
B. OPNAVINST 5100.19 VOL I Chapters A3, B5, B6, B12	_____	_____	_____
C. OPNAVINST 5100.23 Chapters 7, 10, 15,19,20	_____	_____	_____
D. NAVAIR 00-80T-96	_____	_____	_____
E. NAVAIR 01-1A-20, para 5-4, a/b	_____	_____	_____
F. NAVAIR 01-1A-503	_____	_____	_____
G. NAVAIR 01-1A-509-2	_____	_____	_____
H. NAVAIR 04-10-1	_____	_____	_____
I. NAVAIR 04-10-506	_____	_____	_____
J. NAVAIR 04-10-508	_____	_____	_____
K. NAVAIR 17-1-123	_____	_____	_____
L. NAVAIR 17-15G-1	_____	_____	_____
M. NAVAIR 17-600-17-174-6-1	_____	_____	_____
Applicable MIMs/MRCs <i>(List each applicable publication)</i>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. SAFETY FILMS	Trainee Initials	Supervisor Signature	Date
High Pressure Gases In Aviation (24795DN) (Required)	_____	_____	_____
Rebuilding High-Speed High Performance Naval Aircraft Tires (25784)	_____	_____	_____

NOTE: All required reading and viewing of video shall be accomplished prior to starting the tire/wheel maintenance OJT.

3. COMPLETED COURSE OF INSTRUCTIONS: Nitrogen Servicing Equipment

Phase I Completion Date: _____ Phase II Completion Date: _____

4. OJT: A technician, certified in tire and wheel maintenance, will sign off/date each area of OJT each time the individual performs a task under supervision (applicable for A through J).

NOTE: Each OJT area requires a minimum of three tasks for each T/M/S.

	Supervisor Signature	Date
A. (T/M/S) _____ Nose/Tail Wheel Assembly Bearings Removal/Cleaning/Inspection/Handling/Lubrication/Installation	_____	_____
	_____	_____
	_____	_____

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B. (T/M/S) _____ Main Mount Wheel Bearings Removal/Cleaning/Inspection/Handling/Lubrication/Installation	_____ _____ _____	_____ _____ _____
C. (T/M/S) _____ Outrigger Wheel Bearings Removal/Cleaning/Inspection/Handling/Lubrication/Installation	_____ _____ _____	_____ _____ _____
D. (T/M/S) _____ Nose/Tail Wheel Assembly Deflation/Removal/Inspection/Handling/Lubrication/Installation/Service	_____ _____ _____	_____ _____ _____
E. (T/M/S) _____ Main Mount Wheel Assembly Deflation/Removal/Inspection/Handling/Lubrication/Installation/Service	_____ _____ _____	_____ _____ _____
F. (T/M/S) _____ Outrigger Wheel Assembly Deflation/Removal/Inspection/Handling/Lubrication/Installation/Service	_____ _____ _____	_____ _____ _____
G. (T/M/S) _____ Operation of Remote Inflator Assembly	_____ _____ _____	_____ _____ _____
H. (T/M/S) _____ Aircraft Jacking Procedures	_____ _____ _____	_____ _____ _____
I. Documentation Procedures	_____ _____ _____	_____ _____ _____
J. Beryllium Safety Procedures (if applicable)	_____ _____ _____	_____ _____ _____

5. CERTIFICATION: A QAR/QAS, certified in tire and wheel maintenance, will sign each area only after the individual has demonstrated proficiency and awareness of all procedures and safety precautions. One separate line for each T/M/S is required (applicable for A through I).

A. (T/M/S) _____ Nose/Tail Wheel Bearings Removal/Inspection/Handling/Installation Signature: _____	Date: _____
B. (T/M/S) _____ Main Mount Wheel Bearings Removal/Inspection/Handling/Installation Signature: _____	Date: _____

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C. (T/M/S) _____ Outrigger Wheel Bearings Removal/Inspection/Handling/Installation

Signature: _____ Date: _____

D. (T/M/S) _____ Nose/Tail Wheel Assembly Removal/Inspection/Handling/Installation/Serviceing

Signature: _____ Date: _____

E. (T/M/S) _____ Main Mount Wheel Assembly Removal/Inspection/Handling/Installation/Serviceing

Signature: _____ Date: _____

F. (T/M/S) _____ Outrigger Wheel Assembly Removal/Inspection/Handling/Installation/Serviceing

Signature: _____ Date: _____

G. (T/M/S) _____ Operation of Remote Inflator Assembly

Signature: _____ Date: _____

H. (T/M/S) _____ Aircraft Jacking Procedures

Signature: _____ Date: _____

I. (T/M/S) _____ Documentation Procedures

Signature: _____ Date: _____

J. (T/M/S) _____ Beryllium Safety Procedures (if applicable)

Signature: _____ Date: _____

6. TEST

WRITTEN TEST SCORE (Minimum 90 percent): _____

QAR/QAS Signature: _____ Date: _____

7. PROGRAM MANAGER RECOMMENDATION:

Program Manager Signature: _____ Date: _____

This is to certify _____ has successfully completed all established requirements for aircraft tire/wheel servicing/handling and is qualified to perform tire/wheel servicing/handling on _____.

_____	_____	_____	_____
(T/M/S)(Main/Nose/Tail/Outrigger Assy)	(MO/FRC Equivalent Initials)	(T/M/S)(Main/Nose/Tail/Outrigger Assy)	(MO/FRC Equivalent Initials)
_____	_____	_____	_____
(T/M/S)(Main/Nose/Tail/Outrigger Assy)	(MO/FRC Equivalent Initials)	(T/M/S)(Main/Nose/Tail/Outrigger Assy)	(MO/FRC Equivalent Initials)
_____	_____	_____	_____
(T/M/S)(Main/Nose/Tail/Outrigger Assy)	(MO/FRC Equivalent Initials)	(T/M/S)(Main/Nose/Tail/Outrigger Assy)	(MO/FRC Equivalent Initials)

MO/FRC Equivalent Signature: _____ Date: _____

Original to Individual's Qualification/Certification Record