

SE/AWSE 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 17-1-123	_____	_____	_____
G. NAVAIR 17-1-125	_____	_____	_____
H. NAVAIR 17-1-129	_____	_____	_____
I. NAVAIR 17-600-174-6-1	_____	_____	_____
J. NAVAIR 01-1A-503	_____	_____	_____
K. NAVAIR 01-1A-509-2	_____	_____	_____
Applicable MIMs/MRCs (<i>List each applicable publication</i>)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. SAFETY FILMS	Trainee Initials	Supervisor Signature	Date
Servicing Multi-Piece Wheel Rims (OSHA) (Recommended)	_____	_____	_____
Servicing Single Piece-Wheel Assemblies (OSHA) (Recommended)	_____	_____	_____
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

NOTE: Not required for AWSE qualifications/certifications.

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 H).

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

	Supervisor Signature	Date
A. Bearings/Removal Cleaning/Inspection/Handling/Lubrication/ Installation (if applicable)	_____	_____
	_____	_____
	_____	_____

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	Supervisor Signature	Date
B. Solid Rim Deflation/Removal/Replacement/Service	_____	_____
	_____	_____
	_____	_____
C. Split Rim Deflation/Removal/Replacement/Service	_____	_____
	_____	_____
	_____	_____
D. Demountable Flange Deflation/Removal/Inspection/Service	_____	_____
	_____	_____
	_____	_____
E. SD-2 Spotting Dolly Deflation/Removal/Replacement/Service (if applicable)	_____	_____
	_____	_____
	_____	_____
F. Operations of Ship's Nitrogen/Air Servicing Equipment/Remote Inflator Assembly	_____	_____
	_____	_____
	_____	_____
G. Equipment Jacking Procedures	_____	_____
	_____	_____
	_____	_____
H. Documentation Procedures	_____	_____
	_____	_____
	_____	_____

5. CERTIFICATION: 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.

A. Bearing Removal/Cleaning/Inspection/Handling/Lubrication/Installation (if applicable)

Signature: _____ Date: _____

B. Solid Rim Deflation/Removal/Replacement/Service

Signature: _____ Date: _____

C. Split Rim Deflation/Removal/Replacement/Service

Signature: _____ Date: _____

D. Demountable Flange Deflation/Removal/Replacement/Service

Signature: _____ Date: _____

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E. SD-2 Spotting Dolly Deflation/Removal/Replacement/Service (if applicable)

Signature: _____ Date: _____

F. Operations of Ship's Nitrogen/Air Servicing Equipment/Remote Inflator Assembly

Signature: _____ Date: _____

G. Equipment Jacking Procedures

Signature: _____ Date: _____

H. Documentation Procedures

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 SE/AWSE servicing/handling and is qualified to perform tire/wheel servicing/handling on: _____.

_____	_____	_____	_____
Solid Rim	(MO/FRC Equivalent Initials)	Split Rim	(MO/FRC Equivalent Initials)
_____	_____	_____	_____
Demountable Flange	(MO/FRC Equivalent Initials)	SD-2 Spotting Dolly	(MO/FRC Equivalent Initials)
_____	_____	_____	_____
	(MO/FRC Equivalent Initials)		(MO/FRC Equivalent Initials)

MO/FRC Equivalent Signature: _____ Date: _____

Original to Individual's Qualification/Certification Record