

**AIRCRAFT TIRE/WHEEL MAINTENANCE QUALIFICATION/CERTIFICATION REQUIREMENTS – LEVEL II/III**

Command: \_\_\_\_\_ W/C or Shop: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_ Rate/Rank or Series/Grade: \_\_\_\_\_

W/C or Shop Supervisor Indoc: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>1. REQUIRED READING</b> <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	_____	_____	_____
N. NAVAIR 19-1-55	_____	_____	_____
Applicable MIMs/MRCs <i>(List each applicable publication)</i>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>2. SAFETY FILMS</b>	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

**NOTE: Not required for AWSE qualifications/certifications.**

Phase I Completion Date: \_\_\_\_\_ Phase II Completion Date: \_\_\_\_\_

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**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 I).

**NOTE: Each OJT area requires a minimum of three tasks for each P/N.**

	Supervisor Signature	Date
A. (P/N) _____ Tire/Wheel Assembly Bearings Removal/Cleaning/Inspection Lubrication/Installation	_____	_____
	_____	_____
	_____	_____
B. (P/N) _____ Tire/Wheel Assembly Tear Down/Build-Up	_____	_____
	_____	_____
	_____	_____
C. (P/N) _____ Tire/Wheel Assembly Bearings Removal/Cleaning/Inspection Lubrication/Installation	_____	_____
	_____	_____
	_____	_____
D. (P/N) _____ Tire/Wheel Assembly Tear Down/Build-Up	_____	_____
	_____	_____
	_____	_____
E. (P/N) _____ Use of Bead Breaker (if applicable)	_____	_____
	_____	_____
	_____	_____
F. (P/N) _____ Use of Inflation Cage	_____	_____
	_____	_____
	_____	_____
G. (P/N) _____ Operations of Nitrogen Servicing Equipment/Remote Inflator/Monitor Assembly	_____	_____
	_____	_____
	_____	_____
H. Documentation Procedures	_____	_____
	_____	_____
	_____	_____
I. Use/Handling of Beryllium	_____	_____
	_____	_____
	_____	_____

**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. (P/N) \_\_\_\_\_ Tire/Wheel Assembly Bearings Removal/Cleaning/Inspection/Lubrication Installation

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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B. (P/N) \_\_\_\_\_ Tire/Wheel Assembly Tear Down/Build-Up

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. (P/N) \_\_\_\_\_ Tire/Wheel Assembly Bearings Removal/Cleaning/Inspection/Lubrication Installation

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D. (P/N) \_\_\_\_\_ Tire/Wheel Assembly Tear Down/Build-Up

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E. Use of Bead Breaker (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F. Use of Inflation Cage

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

G. Operation of Ship's Nitrogen Servicing Equipment/Remote Inflator/Monitor Assembly (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

H. Documentation Procedures

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I. Use/Handling of Beryllium Assemblies (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 tear down/build-up and is qualified to perform tire/wheel maintenance on \_\_\_\_\_.

\_\_\_\_\_  
P/N Tire/Wheel Assembly

\_\_\_\_\_  
(MO/FRC  
Equivalent Initials)

\_\_\_\_\_  
(MO/FRC  
Equivalent Initials)

MO/FRC Equivalent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original to Individual's Qualification/Certification Record