

SE/AWSE 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: _____

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 17-600-17-174-6-1	_____	_____	_____
J. NAVAIR 19-1-55	_____	_____	_____
Applicable MIMs/MRCs <i>(List each applicable publication)</i>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. SAFETY FILMS	Trainee Initials	Supervisor Signature	Date
Servicing Multi-Piece Wheel Rims (OSHA A110) (Recommended)	_____	_____	_____
Servicing Single Piece-Wheel Assemblies (OSHA A113) (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: _____

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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 type assembly.

	Supervisor Signature	Date
A. Bearings/Removal Cleaning/Inspection Handling/Lubrication/Installation (if applicable)	_____	_____
	_____	_____
	_____	_____
B. Tear Down/Build-Up Inflation of Solid Rim Assembly	_____	_____
	_____	_____
	_____	_____
C. Tear Down/Build-Up Inflation of Split Rim Assembly	_____	_____
	_____	_____
	_____	_____
D. Tear Down/Build-Up Inflation of Demountable Flange Assembly	_____	_____
	_____	_____
	_____	_____
E. Tear Down/Build-Up Inflation of SD-2 Spotting Dolly (if applicable)	_____	_____
	_____	_____
	_____	_____
F. Use of Bead breaker (if applicable)	_____	_____
	_____	_____
	_____	_____
G. Use of Inflation Cage	_____	_____
	_____	_____
	_____	_____
H. Operations of Nitrogen/Air Servicing Equipment/Remote Inflator Assembly	_____	_____
	_____	_____
	_____	_____
I. Documentation Procedures	_____	_____
	_____	_____
	_____	_____

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.

A. Bearing Handling/Lubrication Procedures (if applicable)

Signature: _____

Date: _____

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B. Tear down/Build-Up/Inflation of Solid Rim Assembly (if applicable)

Signature: _____ Date: _____

C. Tear down/Build-Up/Inflation of Split Rim Assembly

Signature: _____ Date: _____

D. Tear down/Build-Up/Inflation of Demountable Flange Assembly

Signature: _____ Date: _____

E. Tear down/Build-Up/Inflation of SD-2 Spotting dolly Assembly (if applicable)

Signature: _____ Date: _____

F. Use of Bead Breaker (if applicable)

Signature: _____ Date: _____

G. Use of Inflation Cage

Signature: _____ Date: _____

H. Operation of Air Servicing Equipment/Remote Inflator Assembly

Signature: _____ Date: _____

I. 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 _____.

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

MO/FRC Equivalent Signature: _____ Date: _____

Original to Individual's Qualification/Certification Record