For use of this	CREW MEME form, see TCs 1-209 thro					agency	ı is TR	ADOC.				
Name:				Rank:				SSN:				
Unit:				Purpose:								
Aircraft Type:	Date Started:	Must Complete By:										
	Date											
Flight D	ata											
Time Today												
Cumulative Time												
Day FlightToday												
Day FlightCumulative												
FlightToday												
FlightCumulative												
FlightToday												
FlightCumulative												
FlightToday												
FlightCumulative												
Duty Position												
Seat Position												
Overall Grade												
Crew Member Initials												
Trainer or Evaluator Name, Rank, and Duty Position												

Date	Comments