

**PIEDMONT AIRLINES FUELER TRAINING RECORD**

**Aircraft Type EMB 145**

**Station:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Trainee Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Training Date:** \_\_\_\_\_ **Designated Trainer Phone:** \_\_\_\_\_

**Designated Trainer Email:** \_\_\_\_\_

**Rev Date of Piedmont Airlines Fueling Procedures Presentation used:** \_\_\_\_\_

	<b>Trainee Initials</b>	<b>Designated Trainer Initials</b>
<b>1)</b> This trainee has successfully completed the Piedmont Airlines Fueling Procedures Training Presentation.		
<b>2)</b> This trainee has demonstrated capabilities to fuel Piedmont Airlines aircraft safely and effectively.		
<b>3)</b> This trainee has access to the Piedmont Airlines AFPM and understand its contents.		
<b>4)</b> This trainee has access to the most current revision of ATA 103.		
<b>5)</b> This trainee has been trained on all safety procedures regarding aircraft fueling operations and AOA regulations.		

By signing this form both the trainer and trainee acknowledge that the trainee understands the information they have been given.

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

Designated Trainer Name: \_\_\_\_\_

Designated Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Retain a copy of this roster for you records. The designated trainer is responsible to provide a copy of this roster when requested by Piedmont Airlines and/or applicable regulatory agency.**