NY ANG URT QUESTIONNAIRE

PERSONAL DATA

Last Name	First Name	DOB (MM/YY)	Phone

Email	Hometown (City, State)	Address (City, State)

PSCM and AFOQT

PCSM	Pilot	Nav	Acad Apt	Verbal	Quant

EDUCATION

College or University	Graduation Date	Degree	GPA

FLIGHT EXPERIENCE

Aviation Certificates	Total Flight Hours	Type Ratings

MILITARY EXPERIENCE

Branch	Years of Service	Grade	Job Specialty	Unit

GENERAL QUESTIONS

1. Do you meet the medical requirements listed on page 2?	
2. Have you ever been eliminated from commissioning training?	
3. Have you ever been eliminated from Flight Screening or Undergraduate Pilot Training for any branch of service?	
4. Have you ever been convicted of a DUI / DWI, Felony, or Drug related offense and/or have any UCMJ actions?	
5. Have you interviewed for a URT board in NY? Year(s):	
6. Are you a member of the NY ANG?	
7. Have you received a primary or alternate pilot training slot through any program?	

Medical Requirements

- Uncorrected distant vision cannot exceed 20/70, corrected to 20/20
- Uncorrected near vision cannot exceed 20/30, corrected to 20/20
- Normal color vision & depth perception
- Weight – between 103 and 240 pounds
- Blood Pressure – maximum 140/90

General Question Explanations: