NATOPS EVALUATION REPORT

NAME *(Last, first, initial)*	GRADE	SSN

SQUADRON/UNIT	AIRCRAFT MODEL	CREW POSITION
TOTAL PILOT/FLIGHT HOURS	TOTAL HOURS IN MODEL	DATE OF LAST EVALUATION

NATOPS EVALUATION

REQUIREMENT	DATE COMPLETED	GRADE		
		Q	CQ	U
OPEN BOOK EXAMINATION	aaaaaaaaaaaaaaaaaaaaaaaa			
CLOSED BOOK EXAMINATION				
ORAL EXAMINATION				
* EVALUATION FLIGHT				
FLIGHT DURATION	AIRCRAFT BUNC	OVERALL FINAL GRADE		

REMARKS OF EVALUATOR/INSTRUCTOR

EXPIRES: _____

☐ CHECK IF CONTINUED ON REVERSE SIDE

GRADE, NAME OF EVALUATOR/INSTRUCTOR	SIGNATURE	DATE
GRADE, NAME OF EVALUEE	SIGNATURE	DATE

REMARKS OF UNIT COMMANDER

GRADE, NAME OF UNIT COMMANDER	SIGNATURE	DATE