



**Smithsonian Institution**

*Smithsonian National Air and Space Museum Archives*

## **Benjamin O. Davis Jr. Collection - Officer's Qualification Records [flight qualifications]**

Extracted on Apr-19-2024 05:44:32

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[[[preprinted blank form]]]

29. PERMANENT MAILING ADDRESS (No., Street, City and State)  
30. BIRTH PLACE (City, State, Foreign Country)  
31. EMERGENCY ADDRESS (Name, Relationship, Number, Street, City, State)  
32. MARITAL STATUS  
33. NO. OF DEPENDENTS  
34. PARENTS' BIRTHPLACE  
PARENT | COUNTRY OF BIRTH | CITIZENSHIP STATUS  
FATHER | |  
MOTHER | |  
35. FOREIGN LANGUAGES  
[[7 columns]]  
LANGUAGE | DIALECT | SPEAK | READ | WRITE | INTERPRETER |  
TRANSLATOR  
[[3 columns]]  
36. EDUCATION | NAME AND LOCATION | MAJOR SUBJECT  
HIGH SCHOOL  
COLLEGE OR UNIVERSITY  
POSTGRADUATE  
OTHER  
37. CIVILIAN OCCUPATIONAL EXPERIENCE (Main and secondary)  
TITLE OR POSITION  
CODE  
CODE  
NAME AND ADDRESS OF EMPLOYER  
DATES EMPLOYED FROM TO FROM TO  
DUTIES PERFORMED  
DUTIES PERFORMED  
38. SPORTS  
PARTICIPATE  
EXCEL  
COACH (School, etc.)  
39. AVOCATIONS  
40. QUALIFICATION IN ARMS  
WEAPON | COURSE | QUALIFIED | SCORE | DATE  
41. AWARDS, DECORATIONS, AND CITATIONS  
TYPE | AUTHORITY AND DATE | PRESENTED (Yes or No)  
42. REMARKS  
PAGE 3  
43. FLYING STATUS  
AUTHORITY | DATE | RESTRICTIONS  
44. RATINGS, SPECIALTIES, AND DESIGNATIONS  
RATING, SPECIALTY OR DESIGNATION | EFFECTIVE DATE |  
AUTHORITY  
45. AIRPLANE QUALIFICATIONS (Military)  
NO. OF ENGINES | TYPE OF PLANE  
CONVENTIONAL  
1  
2  
OVER 2  
"JET"  
1  
2  
OVER 2  
OTHER  
46. FLYING HOURS  
HOURS | MONTH AND YEAR  
250  
500

The image shows a blank, preprinted form with a light beige background. The form is organized into several distinct sections, each with a header and a table-like structure. The sections are labeled with numbers and titles, corresponding to the list on the left. The form is designed for data entry, with columns for different categories of information. The overall layout is clean and professional, typical of official military or aviation records.

750  
1000  
1500  
2000  
3000  
5000  
47. CIVILIAN FLYING EXPERIENCE (Nature, type equipment, no. hrs.,  
last date flown, licenses)  
48. COMBAT DATA (AAF only)  
49. INTERNSHIP  
HOSPITAL (Location)| TYPE | TOTAL MONTHS | YEARS  
COMPLETED  
50. PRIVATE PRACTICE  
LOCATION AND TYPE | % OF TIME | FROM TO|  
51. RESIDENCIES AND FELLOWSHIPS  
HOSPITAL (location) | SERVICE | TOTAL MONTHS | YEAR  
COMPLETED  
[/preprinted blank form]]

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