



Combat Aircrew Wings Affidavit of Eligibility

Please fill out completely and accurately as possible and send to:

Craig Jones
Combat Aircrew Wings Coordinator
Phone: (580) 732-0660

AFFIDAVIT OF ELIGIBILITY

First Name, Middle, Last

Address, City, State

Telephone, FAX, eMail

SSN _____ Rate (When in Vietnam) _____

Dates in HA(L)-3 _____ Detachments _____

Det OinC _____ Squadron CO _____

Names of others who can verify your flight status _____

Other Supporting Documents _____

Status: Active Duty ___ Retired ___ Honorably Discharged ___ Other _____

I hereby certify that the above information is true and correct to the best of my knowledge and recollection. I further certify that I flew combat missions while attached to Helicopter Attack (Light) Squadron Three and performed the duties of Combat Aircrewman.

Signature, Date