

COMBAT AIRCREW WINGS



AFFIDAVIT OF ELIGIBILITY

Please fill out as complete and accurately as possible and e-mail or send to:

Phil Poisson
Combat Aircrew Insignia coordinator
P.O. Box 974
Bonita, CA 91908-0974
E-mail hc7csar@cox.net

Or send through your Squadron / Alumni if known, otherwise send as indicated above

First Name, Middle, Last _____

Address, City, State, Zip _____

Telephone, FAX, E-mail _____

SSN _____ Rate (when qualifying) _____

Squadron and dates _____

Detachments, Dates, Ships _____

Det OinC _____ Squadron CO _____

Names of crewmembers and others who can verify your flight status:

Awards and Citations (attach copies or scan and e-mail) and or 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 SEARCH and RESCUE [CSAR] missions while attached to HS-2, 4, 6, 8, HC-1, and/or HC-7 (circle as appropriate) and performed the duties of combat Aircrewman.

Signature _____

Date _____