

## Affirmation for PALS Command Pilots Operating Under Conditions of BasicMed

In order to act as Command Pilot for any Patient AirLift Services flight under the conditions of FAR Part 68 (BasicMed), in addition to meeting PALS <u>standard pilot requirements</u>, I also meet the following criteria:

|                 | In lieu of a Class III medical certificate,   |
|-----------------|---|
|                 | <ul> <li>I possess a medical certificate valid any time after 7/14/2006 (never</li> </ul>   |
|                 | suspended, revoked, or withdrawn)   |
|                 | <ul> <li>I possess a valid U.S. driver's license</li> </ul>   |
|                 | o I have completed a physical exam, using the Comprehensive Medical   |
|                 | Examination Checklist, signed by a state-licensed physician   |
|                 | <ul> <li>I have completed the online Medical Self-Assessment course</li> </ul>  |
|                 | I will be flying an aircraft <b>not authorized</b> under federal law to carry more  |
| _               | than 6 passengers   |
|                 | I will be flying an aircraft with a max certificated takeoff weight of not more   |
| _               | than 6,000 pounds   |
|                 | I will not operate an aircraft that carries more than 5 passengers  |
|                 | I will only operate within the United States, at less than 18,000 feet MSL  |
|                 | I will not exceed 250 knots   |
|                 | I will not conduct this flight for compensation or hire   |
|                 | I have in force liability insurance coverage that applies to operating as PIC   |
|                 | under FAR Part 68 (BasicMed regulations)  |
|                 | I agree to be in compliance with the Patient AirLift Services Manual  |
| opera<br>that I | erstand the conditions and limitations of FAR Part 68 as they apply to<br>ting certain small aircraft without a medical certificate. I hereby certify<br>have met the above listed requirements, and I further certify that my most<br>t completed application for a Medical Certificate from the FAA was not<br>d. |
| Date:           |   |
| Pilot l         | Name: Signature:  |