MA ANG UPT QUESTIONNAIRE 2023

PERSONAL DATA										
	Last Name		First Name			DOB (MM/YY)		Phone		
	Finall			Hometown (City,		State)	Ada	ddress (City, State)		
	Email			поі	netown (City,	State)	Address (City, 5		State)	
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P	PSCM and AFOQT									
	PCSM			Nav		Acad Apt	d Apt		Quant	
Е	DUCATION									
	College or University			Graduation Date		Deg	Degree		GPA	
F	LIGHT EXPERIENC	F								
							Ratings			
D/I	ILITARY EXPERIEN	ICE								
141	Branch Years of Servi			ice Grade Job Spe			ecialty	ecialty Unit		
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G	ENERAL QUESTIO	NS			ı	l			_	
	1. Do you meet the medical requirements listed on page 2?									
	2. Have you ever b	2. Have you ever been eliminated from commissioning training?								
	3. Have you ever been eliminated from Flight Screening or Undergraduate Pilot Training for any branch of service?									
	4. Have you ever been convicted of a DUI / DWI, Felony, or Drug related offense?									
	5. Have you interviewed for a UPT board in MA? Year(s):									
6. Are you a member of the MA ANG?										
	7. Have you received a primary or alternate pilot training slot through any program?									

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Medical Requirements

- Uncorrected distant vision cannot exceed 20/200, corrected to 20/20
- Uncorrected near vision cannot exceed 20/40, corrected to 20/20
- Normal color vision & depth perception
- Standing height of 64" to 77"
- Sitting height of 34" to 40"
- Weight between 103 and 240 pounds
- Blood Pressure maximum 140/90

General Question Explanations:								