

Exhibit No. 2-1

Agency Letter Head

Reply: _____

Date: _____

Subject: Leadplane Pilot Designation

To: Pilot Name

As of _____ (Date) _____ you have successfully completed the requirements listed in FSH 5709.16 and the Interagency Leadplane Operations Guide for qualification as a leadplane pilot. You are now designated a qualified leadplane pilot.

This designation shall remain in effect indefinitely unless suspended or revoked. You are required to maintain your qualification status by complying with the leadplane mission currency requirements listed in the referenced documents.

/s/ Regional Aviation Officer /National Aviation Management Specialist

REGIONAL AVIATION OFFICER /NATIONAL AVIATION MANAGEMENT SPECIALIST

cc.

National Leadplane Program Coordinator
State Aviation Manager

Note: A copy of the certification letter shall be sent to the National Leadplane Program Coordinator so that the Leadplane pilot=s name is included on the Interagency Leadplane Pilot List.