

# 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](mailto: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 \_\_\_\_\_