

The following pages were extracted (for file-size purposes) from the following Task Guide:

Mission Base Task Guide (u_052704135757.pdf)

SPECIALTY QUALIFICATION TRAINING RECORDS (SQTR)

On the following pages you will find the specialty qualification training records for the mission base staff specialties. These sheets are your record of training accomplished prior to earning any of these emergency services specialty qualifications. We recommend that you keep copies of these records in a safe place just in case you lose this task guide. Electronic records are not required to be updated until all training is accomplished so this may be your only record of training successfully accomplished. Once you have completed a qualification, provide a copy of the appropriate SQTR to your unit commander or other designated officer for processing.

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)

Agency Liaison - Level 1

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified Agency Liaison 2

The above listed member has completed the required prerequisite training for the agency liaison - level 1 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G196 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - level 1 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task

Evaluator's CAPID and
Date Completed

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as an agency liaison - level 1 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a lgency liaison - level 1 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the agency liaison - level 1 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Agency Liaison – Level 2

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified Agency Liaison 3

The above listed member has completed the required prerequisite training for the agency liaison - level 2 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G195 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - level 2 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task

Evaluator's CAPID and
Date Completed

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as an agency liaison - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a agency liaison - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the agency liaison - level 2 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Agency Liaison – Level 3**

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified Planning Section Chief	

The above listed member has completed the required prerequisite training for the agency liaison - level 3 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - level 3 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task C-4000 Demonstrate the ability to select an incident staff	
Complete Task C-4001 Demonstrate ability to complete an ICS Form 201	
Complete Task C-4002 Demonstrate ability to develop and approve an incident Action Plan (ICS Forms 202-206 with attachments)	
Complete Task C-4003 Demonstrate ability to closeout a mission including completion of ICS Form 115	
Complete Task C-4004 Demonstrate the ability to conduct a major incident briefing	
Complete Task C-4005 Demonstrate the ability to coordinate with other agencies	
Complete Task C-4130 Demonstrate the ability to select and establish a suitable staging area	
Complete Task P-0101 Demonstrate ability to keep a log	
Complete Flight Release Officer training	
Complete the appropriate portion of CAPT 117, Emergency Services Continuing Education examinations	

The above listed member has completed the required familiarization and preparatory training requirements for the (insert specialty name) specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Exercise Participation

The above listed member satisfactorily participated as an agency liaison - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an agency liaison - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the agency liaison - level 3 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Air Operations Branch Director

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified GES	
Qualified SAR/DR Mission Pilot or Mission Observer (need not be current)	

The above listed member has completed the required prerequisite training for the air operations branch director specialty.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	
Demonstrate knowledge Air Operations Branch Director responsibilities	

The above listed member has completed the required familiarization and preparatory training requirements for the air operations branch director specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task	Evaluator's CAPID and Date Completed
Complete Task O-4052 Demonstrate ability to establish briefing areas for crews	
Complete Task O-4056 Demonstrate ability to brief aircrews for missions	
Complete Task O-4057 Demonstrate ability to verify that aircrews are properly equipped	
Complete Task O-4062 Demonstrate ability to process a clue	
Complete Task O-4063 Demonstrate ability to locate or process an overdue ground team or aircrew	
Complete Task O-4070 Demonstrate ability to coordinate with ground branch	
Complete Task O-4071 Monitor weather throughout the operating area	
Complete Task O-4073 Demonstrate ability to prepare applicable portions of the CAPF 104	
Complete Task O-4074 Demonstrate ability to complete a CAPF 107	
Complete Task O-4078 Demonstrate ability to monitor air operations	
Complete Task O-4082 Prepare an ICS Form 220	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Basic Communications User Training	
Complete Flight Release Officer Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as an air operations branch director trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

The above listed member satisfactorily participated as an air operations branch director trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the air operations branch director specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Communications Unit Leader

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified Mission Radio Operator	
Complete Advanced Communications User Training	

The above listed member has completed the required prerequisite training for the communications unit leader specialty.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the communications unit leader specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task	Evaluator's CAPID and Date Completed
Complete Task L-0015 Demonstrate communications planning	
Complete Task L-0014 Demonstrate the ability to setup communications equipment at mission base	
Complete Task L-0013 Demonstrate the ability to prepare an emergency communications plan	
Complete Task L-0012 Demonstrate the ability to handle an overdue radio check-in	
Complete Task L-0010 Demonstrate communication safety procedures	
Complete Task L-0011 Demonstrate the ability to run an emergency communications network	
Complete Task L-0016 Demonstrate ability to manage radio operations for a ground net	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as a communications unit leader trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

The above listed member satisfactorily participated as a communications unit leader trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the communications unit leader specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Finance/Admin Section Chief

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	
At least 21 years of age	

The above listed member has completed the required prerequisite training for the finance/admin section chief specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the finance/admin section chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

Complete Task F-4100 Demonstrate the ability to provide financial and cost analysis information as requested

Complete Task F-4102 Demonstrate the ability to determine the need to setup and operate an incident commissary

Complete Task F-4103 Demonstrate the ability to keep and transmit as necessary all personnel and equipment time records to appropriate agencies

Complete Task F-4104 Demonstrate the ability to provide financial input to the demobilization plan

Complete Task F-4105 Demonstrate preparation of all obligation documents for the incident commander

Complete Task L-0001 Basic Communications Procedures for ES Operations

Complete Task P-0101 Demonstrate the ability to keep a log

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as a finance/admin section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a finance/admin section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the finance/admin section chief specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Ground Branch Director

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified General Emergency Services	
Qualified Ground Team Leader (need not be current)	

The above listed member has completed the required prerequisite training for the ground branch director specialty.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	
Demonstrate knowledge of the Ground Branch Director's responsibilities	

The above listed member has completed the required familiarization and preparatory training requirements for the ground branch director specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

Complete Task O-4050 Demonstrate ability to coordinate with the Air operations branch

Complete Task O-4051 Demonstrate the ability to prepare ground team briefing packets

Complete Task O-4052 Demonstrate ability to establish briefing areas for teams

Complete Task O-4054 Demonstrate ability to complete a CAPF 109

Complete Task O-4056 Demonstrate ability to brief teams for missions

Complete Task O-4057 Demonstrate ability to verify that teams are properly equipped

Complete Task O-4058 Demonstrate ability to monitor ground operations

Complete Task O-4077 Demonstrate the ability to verify ground teams are properly equipped.

Complete Task O-4062 Demonstrate ability to process a clue

Complete Task O-4063 Demonstrate ability to locate or process an overdue ground team or aircrew

Complete Task P-0101 Demonstrate the ability to keep a log

Complete Basic Communications User Training

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as a ground branch director trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a ground branch director trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the ground branch director specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Incident Commander - Level 1

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item Date Completed
Qualified Incident Commander 2

The above listed member has completed the required prerequisite training for the incident commander - level 1 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task Evaluator's CAPID and
Date Completed

Complete NIIMS G193 or equivalent

Complete NIIMS G195

Complete NIIMS G196

The above listed member has completed the required familiarization and preparatory training requirements for the incident commander - level 1 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task Evaluator's CAPID and
Date Completed

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as an incident commander - level 1 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an incident commander - level 1 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the incident commander - level 1 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Incident Commander - Level 2

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item Date Completed
Qualified Incident Commander 3

The above listed member has completed the required prerequisite training for the incident commander - level 2 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task Evaluator's CAPID and
Date Completed

Complete NIIMS G193 or equivalent

Complete NIIMS G195

The above listed member has completed the required familiarization and preparatory training requirements for the incident commander - level 2 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task Evaluator's CAPID and
Date Completed

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as a incident commander - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a incident commander - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the incident commander - level 2 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Incident Commander – Level 3

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item Date Completed
Qualified Planning Section Chief

The above listed member has completed the required prerequisite training for the incident commander - level 3 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task Evaluator's CAPID and
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the incident commander - level 3 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task Evaluator's CAPID and
Date Completed

Complete Task C-4000 Demonstrate the ability to select an incident staff

Complete Task C-4001 Demonstrate ability to complete an ICS Form 201

Complete Task C-4002 Demonstrate ability to develop and approve an incident Action Plan (ICS Forms 202-206 with attachments)

Complete Task C-4003 Demonstrate ability to closeout a mission including completion of ICS Form 115

Complete Task C-4004 Demonstrate the ability to conduct major incident briefings

Complete Task C-4005 Demonstrate the ability to coordinate with other agencies

Complete Task C-4130 Demonstrate ability to select and establish a suitable Incident Command Post or staging area

Complete Task P-0101 Demonstrate ability to keep a log

Complete Flight Release Officer training

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as an incident commander - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an incident commander - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the incident commander - level 3 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

IC3 SQTR, MAR 04

OPR/ROUTING: DOS

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Information Officer

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified GES	
At least 18 years of age	

The above listed member has completed the required prerequisite training for the information officer specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the information officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task C-3000 Demonstrate the ability to prepare an initial and follow-up news release	
Complete Task C-3001 Demonstrate the ability to maintain a complete media contact list	
Complete Task C-3002 Demonstrate the ability to coordinate visits of news media to mission sites	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Basic Communications User Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as an information officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an information officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the information officer specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)

Liaison Officer

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
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Qualified GES

At least 18 years of age

The above listed member has completed the required prerequisite training for the liaison officer specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
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Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the liaison officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
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Complete Task C-2000 Demonstrate the ability to coordinate external agency requests

Complete Task P-0101 Demonstrate the ability to keep a log

Complete Task L-0001 Basic Communications Procedures for ES Operations

Complete Basic Communications User Training

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as a liaison officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a liaison officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the liaison officer specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Logistics Section Chief

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item	Date Completed
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Qualified GES	
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Qualified Communications Unit Leader	
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At least 21 years of age	
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The above listed member has completed the required prerequisite training for the logistics section chief specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
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Complete NIIMS G193 or equivalent	
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The above listed member has completed the required familiarization and preparatory training requirements for the logistics section chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
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Complete Task P-0101 Demonstrate the ability to keep a log	
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Complete Task L-1000 Demonstrate the ability to request additional resources	
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Complete Task L-1001 Demonstrate the ability to develop the communications, medical and traffic plans for the overall Incident Action Plan	
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Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	
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Exercise Participation

The above listed member satisfactorily participated as a logistics section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a logistics section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the logistics section chief specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)

Mission Chaplain

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified GES	
Satisfactory completion of the current CAP Chaplain's Course (221)	

The above listed member has completed the required prerequisite training for the mission chaplain specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIMMS G193 or equivalent	
Complete Task C-1000 Demonstrate knowledge of the role of the mission chaplain on SAR / DR missions, including crises ministry skills	
Satisfactory completion of the current Chaplain's Helping Chaplains Course (221-A)	

The above listed member has completed the required familiarization and preparatory training requirements for the mission chaplain specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Basic Communications User Training	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as a mission chaplain trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a mission chaplain trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the mission chaplain specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Mission Radio Operator

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified GES	
Complete Basic Communications User Training	

The above listed member has completed the required prerequisite training for the mission radio operator specialty and is authorized to serve in that specialty while supervised on training or actual missions.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Familiarization and Preparatory Training
 No Additional Training Is Required

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Task L-0002 Perform Radio Operating Procedures	
Complete Task L-0003 Employ appropriate radio frequencies and repeaters	
Complete Task L-0004 Message Handling Procedures	
Complete Task L-0005 Choose a good communications site	
Complete Task L-0006 Take steps to regain communications	
Complete Task L-0007 Conduct scheduled checks	
Complete Task L-0008 Send a position report	
Complete Task L-0009 Report a clue or Find	
Complete Task L-0010 Communications Safety Procedures	
Complete Task L-0101 Demonstrate the ability to keep a log	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as a mission radio operator trainee under my direct supervision on mission number _____.

 QUALIFIED SUPERVISOR'S SIGNATURE

 DATE

The above listed member satisfactorily participated as a mission radio operator trainee under my direct supervision on mission number _____.

 QUALIFIED SUPERVISOR'S SIGNATURE

 DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the mission radio operator specialty qualification and is authorized to serve in that specialty on training or actual missions.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Mission Staff Assistant

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified GES

The above listed member has completed the required prerequisite training for the mission staff assistant specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G193 or equivalent

Complete Task P-2006 Demonstrate knowledge of the mission staff
assistant responsibilities

The above listed member has completed the required familiarization and preparatory training requirements for the mission staff assistant specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

Complete Task P-0101 Demonstrate the ability to keep a log
Complete Task P-2002 Demonstrate the ability to escort dignitaries and visitors at mission sites
Complete Task P-2003 Demonstrate the ability to process incoming resources for use on the mission
Complete Task P-2005 Demonstrate collection and updating of incident status information
Complete Task L-0001 Basic Communications Procedures for ES Operations
Complete Basic Communications User Training
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>

Exercise Participation

The above listed member satisfactorily participated as a mission staff assistant trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

The above listed member satisfactorily participated as a mission staff assistant trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the mission staff assistant specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Mission Safety Officer

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified GES	
At least 21 years of age	

The above listed member has completed the required prerequisite training for the mission safety officer specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the mission safety officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

Complete Task C-0002 Mission Safety Inspection
Complete Task C-0003 Analyze safety of mission operations
Complete Task C-0004 Conduct Ground Team Safety Briefing
Complete Task C-0005 Conduct Aircrew Safety Briefing
Complete Task C-0006 Reporting & Handling Mishaps involving CAP personnel
Complete Task C-0007 Preparing safety guidance for non-participants
Complete Task C-0008 Monitor crew rest, fatigue, and stress
Complete Task P-1001 Develop aircraft & ground operations safety plan
Complete Task P-0101 Demonstrate the ability to keep a log
Complete Task L-0001 Basic Communications Procedures for ES Operations
Complete Basic Communications User Training
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>

Exercise Participation

The above listed member satisfactorily participated as a mission safety officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a mission safety officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the mission safety officer specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Operations Section Chief

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified Air Operations Branch Director or Ground Branch Director	
At least 21 years of age	

The above listed member has completed the required prerequisite training for the operations section chief specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the operations section chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

Complete Task O-4110 Demonstrate the ability to manage tactical operations	
Complete Task O-4111 Demonstrate the development of the operations portion of the Incident Action Plan	
Complete Task O-4112 Demonstrate the execution of the operations portion of the Incident Action Plan	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Task P-3113 Demonstrate requesting additional resources to support operations	
Complete Task P-3126 Demonstrate releasing resources from active assignments	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Flight Release Officer Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as an operations section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an operations section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the operations section chief specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Planning Section Chief

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified Operations Section Chief

The above listed member has completed the required prerequisite training for the planning section chief specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the planning section chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Task P-3120 Demonstrate the collection and preparation of the Incident Action Plan	
Complete Task P-3121 Demonstrate conducting planning meetings	
Complete Task P-3122 Demonstrate reassignment of mission personnel, including the ability to assemble and disassemble task forces and strike teams not assigned to operations	
Complete Task P-3123 Demonstrate establishment of data collection systems like personnel tracking systems and weather systems	
Complete Task P-3124 Demonstrate reporting, compiling and displaying of incident status information	
Complete Task P-3125 Demonstrate preparation of the Demobilization Plan	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Flight Release Officer Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as a planning section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

The above listed member satisfactorily participated as a planning section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the planning section chief specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE DATE