

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)

Flight Line Marshaller

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 flightline marshaller specialty.

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

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-3001 Discuss Flightline Marshallers Responsibilities	
Complete Task O-3002 State the Five Flight Line Safety Precautions	
Complete Task O-3003 Identify Requirements for Vehicles on the Flightline	
Complete Task O-3004 Discuss Flight Line Security	
Complete Task O-3005 Discuss Flight Line Hazards	

The above listed member has completed the required familiarization and preparatory training requirements for the flightline marshaller 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 O-3006 Marshall an aircraft	
Complete Task O-3007 Be a Wing Walker	
Complete Task O-3008 Perform Aircraft Startup Procedures	
Complete Task O-3009 Perform aircraft taxi procedures	
Complete Task O-3010 Perform Aircraft Shutdown and Chocking Procedures	
Complete Task O-3011 Tie Down an Aircraft	
Complete Task O-3012 Demonstrate Proper Ground Safety Observer Techniques	
Complete Task O-3013 Demonstrate the Ability to Fuel an Aircraft	
Complete Task O-3014 Demonstrate knowledge of flight line security	
Complete Basic First Aid Training or equivalent	
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 flightline marshaller trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a flightline marshaller 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 flightline marshaller 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