

**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