

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Urban Direction Finding Team

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

Item	Date Completed
Qualified GES	

The above listed member has completed the required prerequisite training for the urban direction finding team 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-0010 Prepare UDF Individual Equipment	
Complete Task P-0102 Conduct a Phone Alert	

The above listed member has completed the required familiarization and preparatory training requirements for the urban direction finding team 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-0201 Use a Compass	
Complete Task O-0205 Locate A Point On A Map Using The CAP Grid System	
Complete Task O-0214 Determine And Plot An Azimuth On A Map	
Complete Task O-0218 Locate Own Position On A Map Using Terrain Association	
Complete Task O-0220 Move From Point To Point In A Vehicle Using A Map	
Complete Task O-0301 Determine Distress Beacon Bearing	
Complete Task O-0302 Locate a Distress Beacon	
Complete Task O-0303 Deactivate a Distress Beacon	
Complete Task O-0304 Triangulate on a Distress Beacon Signal	
Complete Task O-0420 Perform an Airfield Search (Ramp check)	
Complete Task L-0001 Basic Radio Procedures for ES Operators	
Complete Task L-0002 Perform Radio Operations Procedures	
Complete Task L-0003 Employ appropriate radio frequencies and repeaters	
Complete Task L-0101 Inspect a vehicle	
Complete Task P-0101 Keep a Log	
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 urban direction finding team trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an urban direction finding team 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 urban direction finding team 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