

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**Flightline Supervisor**

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	
Qualified Flightline Marshaller	
At least 18 years of age	

The above listed member has completed the required prerequisite training for the flightline supervisor 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 O-3101 Demonstrate knowledge of the flight line supervisor's responsibilities	
Complete Task O-3102 Discuss How to Set Up a Flight Line	
Complete Task O-3103 Discuss Flight Line Organization	

The above listed member has completed the required familiarization and preparatory training requirements for the flightline supervisor 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-3104 Coordinate Activities with Local FBO	
Complete Task O-3105 Coordinate Activities with Airport Administration and Security	
Complete Task O-3106 Coordinate Activities With Local Fire Department	
Complete Task O-3107 Coordinate Activities With Local Hospital and/or EMT Operators	
Complete Task O-3108 Survey Airport for the Best Parking Areas and Taxi Routes	
Complete Task O-3109 Survey Airport for Hazards and Emergency Equipment	
Complete Task O-3110 Demonstrate the ability to supervise the flight line marshallers	
Complete Task O-3111 Brief Flight Line Marshallers and trainees	
Complete Task O-3112 Demonstrate the ability to Tow and Park an Aircraft	
Complete Task O-3113 Refuel an Aircraft	
Complete Task O-3114 Keep Track of Aircraft Refueling	
Complete Task O-3115 Discuss Helicopter 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 flightline supervisor trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a flightline supervisor 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 supervisor 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