

**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