

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)

Incident Commander – Level 3

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

Item	Date Completed
Qualified Operations Section Chief	

The above listed member has completed the required prerequisite training for the incident commander - level 3 specialty.

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE
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Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
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Complete NIIMS G193 or equivalent	
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The above listed member has completed the required familiarization and preparatory training requirements for the incident commander - level 3 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
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Advanced Training

Task	Evaluator's CAPID and Date Completed
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Complete Task C-4000 Demonstrate the ability to select an incident staff	
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Complete Task C-4001 Demonstrate ability to complete an ICS Form 201	
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Complete Task C-4002 Demonstrate ability to develop and approve an incident Action Plan (ICS Forms 202-206 with attachments)	
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Complete Task C-4003 Demonstrate ability to closeout a mission including completion of ICS Form 115	
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Complete Task C-4004 Demonstrate the ability to conduct major incident briefings	
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Complete Task C-4005 Demonstrate the ability to coordinate with other agencies	
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Complete Task C-4130 Demonstrate ability to select and establish a suitable Incident Command Post or staging area	
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Complete Task P-0101 Demonstrate ability to keep a log	
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Complete Flight Release Officer training	
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Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	
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Exercise Participation

The above listed member satisfactorily participated as an incident commander - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE	DATE
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The above listed member satisfactorily participated as an incident commander - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE	DATE
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Unit Certification and Recommendation

The above listed member has completed the requirements for the incident commander - level 3 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
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