

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Operations Section Chief**

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

Item	Date Completed
Qualified Planning Section Chief	
At least 21 years of age	

The above listed member has completed the required prerequisite training for the operations section chief 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	

The above listed member has completed the required familiarization and preparatory training requirements for the operations section chief 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

- Complete Task O-4110 Demonstrate the ability to manage tactical operations
- Complete Task O-4111 Demonstrate the development of the operations portion of the Incident Action Plan
- Complete Task O-4112 Demonstrate the execution of the operations portion of the Incident Action Plan
- Complete Task P-0101 Demonstrate the ability to keep a log
- Complete Task P-3113 Demonstrate requesting additional resources to support operations
- Complete Task P-3126 Demonstrate releasing resources from active assignments
- Complete Task L-0001 Basic Communications Procedures for ES Operations
- Complete Flight Release Officer Training
- Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

**Exercise Participation**

The above listed member satisfactorily participated as an operations section chief trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE                      DATE

The above listed member satisfactorily participated as an operations section chief 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 operations section chief 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

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Planning Section Chief**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item	Date Completed
Qualified Air Operations Branch Director or Ground Branch Director (Personnel applying based on qualification as an Air Operations Branch Director requirement must have been qualified as a ground team or Urban DF team member at one time. Personnel applying based on qualification as a Ground Branch Director must also have been qualified as a mission scanner at one time.)	

The above listed member has completed the required prerequisite training for the planning section chief 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	

The above listed member has completed the required familiarization and preparatory training requirements for the planning section chief 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

Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Task P-3120 Demonstrate the collection and preparation of the Incident Action Plan	
Complete Task P-3121 Demonstrate conducting planning meetings	
Complete Task P-3122 Demonstrate reassignment of mission personnel, including the ability to assemble and disassemble task forces and strike teams not assigned to operations	
Complete Task P-3123 Demonstrate establishment of data collection systems like personnel tracking systems and weather systems	
Complete Task P-3124 Demonstrate reporting, compiling and displaying of incident status information	
Complete Task P-3125 Demonstrate preparation of the Demobilization Plan	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
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 a planning section chief trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE                      DATE

The above listed member satisfactorily participated as a planning section chief 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 planning section chief 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

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Agency Liaison – 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 agency liaison - level 3 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	

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - 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

**Advanced Training**

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

The above listed member has completed the required familiarization and preparatory training requirements for the (insert specialty name) 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

**Exercise Participation**

The above listed member satisfactorily participated as an agency liaison - level 3 trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as an agency liaison - level 3 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 agency liaison - 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

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Incident Commander – Level 3**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**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

**Familiarization and Preparatory Training**

Task Evaluator's CAPID and  
Date Completed

Complete NIIMS G193 or equivalent

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

**Advanced Training**

Task Evaluator's CAPID and  
Date Completed

Complete Task C-4000 Demonstrate the ability to select an incident staff

Complete Task C-4001 Demonstrate ability to complete an ICS Form 201

Complete Task C-4002 Demonstrate ability to develop and approve an incident Action Plan (ICS Forms 202-206 with attachments)

Complete Task C-4003 Demonstrate ability to closeout a mission including completion of ICS Form 115

Complete Task C-4004 Demonstrate the ability to conduct major incident briefings

Complete Task C-4005 Demonstrate the ability to coordinate with other agencies

Complete Task C-4130 Demonstrate ability to select and establish a suitable Incident Command Post or staging area

Complete Task P-0101 Demonstrate ability to keep a log

Complete Flight Release Officer training

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

**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

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

**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

**IC3 SQTR, APR 05**

**OPR/ROUTING: DOS**