CAPF 101T-FLM–FLIGHT LINE MARSHALLER

SPECIALTY QUALIFICATION TRAINING CARD
FLIGHT LINE MARSHALLER

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	

The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-FLM.

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____

Familiarization and Preparatory Training

Task	Trainer's CAPID and Date Completed
Demonstrate knowledge of the flight line marshaller's responsibilities	
Demonstrate knowledge of requirements for vehicles on the flight line	
Demonstrate knowledge of flight line safety considerations	
Demonstrate knowledge of accident prevention	

The above listed member has completed the required familiarization and preparatory training requirements for the Flight Line Marshaller 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 _____

CAPF 101T-FLM, MAY 01 **OPR/ROUTING: DOS**

PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

Advanced Training

Task	Trainer's CAPID and Date Completed
Demonstrate the ability to marshall CAP aircraft on missions	
Demonstrate proper ground safety observer techniques	
SIMULATE demonstrating the ability to operate a fire extinguisher for an engine fire	
Demonstrate the ability to fuel an aircraft	
Demonstrate proper aircraft tie down procedures	
Demonstrate knowledge of flight line security	
Complete Basic First Aid Training or Equivalent	
Complete Basic Communications User Training	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete the current continuing education examination for flight line marshallers	

Exercise Participation

The above listed member satisfactorily participated as a Flight Line Marshaller trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Flight Line Marshaller 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 Flight Line Marshaller specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____

CAPF 101T-FLM, MAY 01 REVERSE