SPECIALTY QUALIFICATION TRAINING CARD
FLIGHT LINE SUPERVISOR

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

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

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

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

Familiarization and Preparatory Training

Task	Trainer's CAPID and Date Completed
Demonstrate knowledge of principles and features of ICS	
Demonstrate knowledge of the ICS Organization	
Demonstrate knowledge of incident facilities	
Demonstrate knowledge of incident resources	
Demonstrate knowledge common responsibilities in ICS	
Demonstrate knowledge of the flight line supervisor's responsibilities	

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

CAPF 101T-FLS, 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 keep a log	
Demonstrate coordination of activities with local Fixed Base Operators (FBO)	
Demonstrate the ability to survey an airport for hazards, unique procedures and report them to the appropriate member of the mission staff	
Demonstrate the ability to determine the best parking areas and taxi routes	
Demonstrate the ability to identify parking areas and taxi routes on an airport map	
Demonstrate the ability to brief the flight line marshallers	
Demonstrate the ability to supervise the flight line marshallers	
Demonstrate the ability to report takeoff and landing times of mission aircrews	
SIMULATE demonstration of proper use of local, portable firefighting equipment	
Demonstrate the ability to document fuel reimbursement	
Demonstrate knowledge of aircraft startup and shutdown procedures	
Complete the current continuing education examination for air support group supervisors	

Exercise Participation

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

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Flight Line 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 Flight Line Supervisor 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-FLS, MAY 01 REVERSE