SPECIALTY QUALIFICATION TRAINING CARD
MISSION RADIO OPERATOR

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	
Complete Basic Communications User Training	

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

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 mission radio operator's responsibilities	

The above listed member has completed the required familiarization and preparatory training requirements for the Mission Radio Operator 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-MRO, 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	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete Task L-0002 (Perform Radio Operating Procedures)	
Complete Task L-0003 (Employ appropriate radio frequencies and repeaters)	
Complete Task L-0004 (Message Handling Procedures)	
Complete Task L-0005 (Choose a good communications site)	
Complete Task L-0006 (Take steps to regain communications)	
Complete Task L-0007 (Conduct scheduled checks)	
Complete Task L-0008 (Send a position report)	
Complete Task L-0009 (Report a clue or Find)	
Complete Task L-0010 (Communications Safety Procedures)	
Complete the current continuing education examination for mission radio operators	

Exercise Participation

The above listed member satisfactorily participated as a Mission Radio Operator trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Mission Radio Operator 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 Mission Radio Operator 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-MRO, MAY 01 REVERSE