SPECIALTY QUALIFICATION TRAINING CARD
COMMUNICATIONS UNIT LEADER

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	
Qualified Mission Radio Operator	
Complete Advanced Communications User Training	

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

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 communications unit leader's responsibilities	

The above listed member has completed the required familiarization and preparatory training requirements for the Communications Unit Leader 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	Trainer's CAPID and Date Completed
Demonstrate the ability to keep a log	
Demonstrate the ability to setup communications equipment at mission base	
Demonstrate the ability to prepare an emergency communications plan	
Demonstrate the ability to handle an overdue radio check-in	
Demonstrate the ability to run an emergency communications network	
Demonstrate communications planning	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete the current continuing education examination for communications unit leaders	

Exercise Participation

The above listed member satisfactorily participated as a Communications Unit Leader trainee under my direct supervision on mission number_____

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Communications Unit Leader 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 Communications Unit Leader 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 _____