**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**