SPECIALTY QUALIFICATION TRAINING CARD
LIAISON OFFICER

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	
At least 18 years of age	

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

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 organization and staffing	
Demonstrate knowledge of organizing for incidents & events	
Demonstrate knowledge of incident resources management	
Demonstrate knowledge of air operations	
Demonstrate knowledge of incident and event planning	
Demonstrate knowledge of the responsibilities and issues of the command and general staff	
Demonstrate knowledge of unified command	
Demonstrate knowledge of major incident management	
Demonstrate knowledge of area command	

The above listed member has completed the required familiarization and preparatory training requirements for the Liaison Officer 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-LO, 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 the ability to coordinate external agency requests	
Complete Basic Communications User Training	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete the current continuing education examination for liaison officers	

Exercise Participation

The above listed member satisfactorily participated as a Liaison Officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Liaison Officer 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 Liaison Officer 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-LO, MAY 01 REVERSE