CAPF 101T-MO–MISSION OBSERVER

SPECIALTY QUALIFICATION TRAINING CARD
MISSION OBSERVER

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

Title	Date Completed
Qualified GES	
Qualified Mission Scanner	
At least 18 years of age	

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

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

Familiarization and Preparatory Training

Task	Trainer's CAPID and Date Completed
Demonstrate knowledge of crew duty limitations	
Demonstrate knowledge of how to use a flight computer	
Demonstrate knowledge of electronic search patterns and procedures	
Demonstrate knowledge of flight planning	

The above listed member has completed the required familiarization and preparatory training requirements for the Mission Observer 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-MO, 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 operate the aircraft's radio(s)	
Demonstrate the ability to plan and conduct a grid search	
Demonstrate the ability to plan and conduct a creeping line search	
Demonstrate the ability to plan and conduct a distress beacon search utilizing the wing null technique	
Demonstrate the ability to plan and conduct a distress beacon search utilizing the on board Electronic Direction Finder	
Demonstrate the ability to operate the aircraft GPS	
Demonstrate the ability to determine your position with GPS, VOR & ADF	
Demonstrate ground emergency egress from the aircraft from the observer's position	
Complete Basic Communications User Training	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete the current continuing education examination for mission observers	

Exercise Participation

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

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Mission Observer 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 Observer 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-MO, MAY 01 REVERSE