

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)  
Ground Team Member – Level 2**

NAME (Last, First, MI)	CAPID	DATE ISSUED
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**Prerequisites**

Item	Date Completed
Complete requirements for GTM 3	

The above listed member has completed the required prerequisite training for the ground team member – level 2 specialty 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

**Familiarization and Preparatory Training**  
No Additional Training Is Required

**Advanced Training**

Task	Evaluator's CAPID and Date Completed
Complete Task O-0104 Set up Shelter	
Complete Task O-0202 Measure Distance with Pace Count	
Complete Task O-0203 Navigate past an Obstacle	
Complete Task O-0209 Identify The Major Terrain Features On A Map	
Complete Task O-0210 Identify Topographic Symbols On A Map	
Complete Task O-0211 Determine Elevation On Map	
Complete Task O-0212 Measure Distance On A Map	
Complete Task O-0213 Convert Between Map And Compass Azimuths	
Complete Task O-0215 Determine Azimuths On A Map Using Two Points	
Complete Task O-0216 Orient A Map To The Ground Using Terrain Association	
Complete Task O-0217 Orient A Map To North Using A Compass	
Complete Task O-0420 Perform An Airfield Search (Ramp Check)	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

**Exercise Participation**

The above listed member satisfactorily participated as a ground team member – level 2 trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as a ground team member – level 2 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 ground team member – level 2 specialty qualification and is authorized to serve in that specialty on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE