

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Incident Commander - Level 2**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item  
Qualified Incident Commander 3

Date Completed

The above listed member has completed the required prerequisite training for the incident commander - level 2 specialty.

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

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task

Evaluator's CAPID and  
Date Completed

Complete NIIMS G193 or equivalent

Complete NIIMS G195

The above listed member has completed the required familiarization and preparatory training requirements for the incident commander - level 2 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

Evaluator's CAPID and  
Date Completed

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

**Exercise Participation**

The above listed member satisfactorily participated as a incident commander - level 2 trainee under my direct supervision on mission number \_\_\_\_\_.

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

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as a incident commander - 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 incident commander - 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