

NAME (Last, First, Middle): _____

Date of Birth (MM/DD/YYYY): _____ Unit: _____

Training Information

Skill Level Passed -

• Recruit:

Task: Weapon Safety _____ Field Strip _____ Load/Clear/Malfunction _____ 8/10 Shots _____

Date: _____

• Skill Level 1:

Task: C2/Org _____ Mob/Alert _____ Fit _____ Marks _____ Move _____ Camo _____ Comm. _____ 1st Aid _____

Date: _____

• Skill Level 2:

Task: Fitness _____ Marks _____ OPORD _____ SALUTE _____ CARVER _____ Small Unit Tactics _____

Date: _____

• Skill Level 3:

Task: Fitness _____ Marks _____ CQB _____

Date: _____

I, the undersigned, do hereby certify that the above is true in as far as I am aware.

Militiaman's Signature: _____ DATE: _____

Witnessing Officer's Signature: _____ DATE: _____