SPECIAL TASK CERTIFICATION AND RECURRING TRAINING									
	DATE SIGNATURE OF				EVALUATION OF 1			FRAINING	
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES	DATE COMPLETED	SIGNA CERTIFYI	NG OFFICIAL	INITIAL OF TRAINEE	SCORE OR HOURS	TYPE	QUENCY	DUE DATE H.	
A.	B.		C.	D.	E.	F.	G.		
NAME OF TRAINEE (Last, First, Middle Initial) GRADE					UNIT AND OFFICE SYMBOL				