SPECIAL TASK CERTIFICATION AND RECURRING TRAINING								
TASK OR RECURRING	DATE	SIGNA	TURE OF	INITIAL	EVALUATION OF TRAINING			
TRAINING AND TECHNICAL REFERENCES A.	COMPLETED B.	CERTIFYII	NG OFFICIAL C.	OF TRAINEE D.	SCORE OR HOURS	TYPE F.	FRE- QUENCY G.	DUE DATE H.
			<u> </u>		E.		<u> </u>	
NAME OF TRAINEE (Last, First, Middle Initial)			GRADE	UNIT AND	OFFICE SYM	 BOL		
AF INT 4000 40050404 V2								