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GROUND TRAINING CRITIQUE

COURSE	SUBJECT	OBJECTIVE REFERENCE	TEST FORM/ EXERCISE				
			ITEM NUMBER				

ORGN/FLT	BASE	DUTY PHONE	DATE	LOCAL USE
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MEDIA STANDARD EXAM SW/SG IG SLIDE VIDEO CAI OTHER

PROPOSED CHANGE

ORIGINATOR	REVIEWERS	
TYPED OR PRINTED NAME	TYPED OR PRINTED NAME OF SUPERVISOR	TYPED OR PRINTED NAME OF BRANCH/SECTION CH
JOB TITLE	TITLE	TITLE

ACTION

SIGNATURE OF ACTION OFFICER	DATE	SIGNATURE OF SUPERVISOR	DATE
TITLE	DUTY PHONE NO	TITLE	FILE NUMBER