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FLIGHTLINE DRIVER TRAINING AND CERTIFICATION			
NAME/RANK	UNIT	DUTY PHONE	
DATE OF BIRTH (YYYYMMDD)	DAFSC	SEX	
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT
CIVILIAN LICENSE NO.	STATE OF ISSUE	RESTRICTIONS	
TRAINING ITEM	DATE (YYYYMMDD)	TRAINEE INITIALS	TRAINER INITIALS
ABILITY TO DISTINGUISH RED/GREEN/ YELLOW/WHITE/BLUE (439 MDS/CLINIC)			
LIGHT GUN TEST			
FLIGHTLINE DRIVERS TRAINING (439 AWI 13-202)			
DAY FLIGHTLINE FAMILIARIZATION TRAINING (PRACTICAL)			
NIGHT FLIGHTLINE FAMILIARIZATION TRAINING (PRACTICAL)			
FLIGHTLINE DRIVERS TEST (PRACTICAL)			
FLIGHTLINE DRIVING (CBT)			
UNIT COMMANDER	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE FLIGHTLINE DRIVING AUTHORIZATION	CAM OR DESIGNATED REPRESENTATIVE	

439 AW IMT 16, 20050201 V-2

FLIGHTLINE DRIVER TRAINING AND CERTIFICATION			
NAME/RANK	UNIT	DUTY PHONE	
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EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT
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