## COMMANDER'S CERTIFICATION CHECKLIST for TECHNICIAN RATING

Candidate's Name

(Last, First, M.I.)

CAP Grade

CAPID

Unit Charter No.

Current Position Title:

(Refer to CAPR 20-1)

| Certified Items   | Date Start & End | CC's Initials |
|---|------------------|---------------|
| 1. "Knowledge" requirements and a passing score on the        |                  |               |
| Technician rating test have been successfully completed       |                  |               |
| (CAPP 215, page 9)  |                  |               |
|   |                  |               |
| 2. " <b>Performance</b> " requirements have been successfully |                  |               |
| completed (CAPP 215, page 9)                                  |                  |               |
|   |                  |               |
|   |                  | _             |
| 3. "Service" requirements have been successfully              |                  |               |
| accomplished (CAPP 215, page 9)                               |                  |               |
|   |                  |               |
|   |                  |               |

\* SEND THIS COMPLETED CHECKLIST TO NATIONAL HEADQUARTERS, CAP/DP, 105 S. HANSELL STREET, BLDG 714, MAXWELL AFB, AL 36112-6332 SO A TECHNICIAN CERTIFICATE CAN BE SENT TO THE SUCCESSFUL CANDIDATE. NOTE: COMMANDERS - REMEMBER TO COMPLETE THE STR REFLECTING SUCCESSFUL ACCOMPLISHMENT OF RATING.

Commander comments:

Commander's Signature

Date

(Signature may be typed if using this electronic form and sending via e-mail to Lmmeforms@capnhq.gov.)