

KENTUCKY WING, CIVIL AIR PATROL

Request for SET Authorizations

Unit Name	Unit Number	
Unit Mailing Address		
City	State	Zip

MEMORANDUM TO: DIRECTOR OF EMERGENCY SERVICES, KY WING
C/O OPERATIONS RECORDS OFFICER
FROM: UNIT CC

I request the following individual be authorized as a Skills Examiner for the indicated specialties.

Name: _____ Rank: _____ CAP ID: _____

Check all that apply:

- | | |
|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> INCIDENT COMMANDER | <input type="checkbox"/> GROUND TEAM LEADER |
| <input type="checkbox"/> AGENCY LIASON | <input type="checkbox"/> GROUND TEAM MEMBER |
| <input type="checkbox"/> OPERATIONS SECTION CHIEF | <input type="checkbox"/> URBAN DF TEAM |
| <input type="checkbox"/> PLANNING SECTION CHIEF | <input type="checkbox"/> INFORMATION OFFICER |
| <input type="checkbox"/> LOGISTICS SECTION CHIEF | <input type="checkbox"/> FLIGHT LINE SUPERVISOR |
| <input type="checkbox"/> FINANCE / ADMIN SECTION CHIEF | <input type="checkbox"/> FLIGHT LINE MARSHALLER |
| <input type="checkbox"/> AIR OPERATIONS BRANCH DIRECTOR | <input type="checkbox"/> COMMUNICATIONS UNIT LEADER |
| <input type="checkbox"/> GROUND BRANCH DIRECTOR | <input type="checkbox"/> MISSION RADIO OPERATOR |
| <input type="checkbox"/> SAR / DR MISSION PILOT | <input type="checkbox"/> MISSION SAFETY OFFICER |
| <input type="checkbox"/> MISSION OBSERVER | <input type="checkbox"/> LIAISON OFFICER |
| <input type="checkbox"/> MISSION SCANNER | <input type="checkbox"/> MISSION CHAPLAIN |
| | <input type="checkbox"/> MISSION STAFF ASSISTANT |

TECHNICAL SPECIALIST: _____

REMOVE THIS INDIVIDUAL FROM THE "SET" LISTING FOR MY UNIT

Unit Commander

Date

cc: Wing File
Unit Personnel File
Individual File

This request supercedes any previous request for this individual. Proof that this individual has completed the On-line test for Skills Examiner Training should accompany this document unless he/she is being removed from the listing. A listing of those individuals authorized as KY Wing Skills Examiners will be posted to the KY Wing website at www.kywgap.org/~dos. A maximum of six (6) individuals will be allowed per unit.