

PART II - ROUTINE PREREQUISITES

TASK	REGULATION DATA						SOLDIER DATA					
	CO	CL	FA	GM	MM	CO	CL	FA	GM	MM		
Minimum Aptitude Score (ASVAB) (if applicable)				104								
	OF	EL	SC	ST	GT	OF	EL	SC	ST	GT		
Color vision requirements (if applicable)												
Physical demand rating/profile (PULHES) *See Part III for P/T profiles	P	U	L	H	E	S	P	U	L	H	E	S
	1	1	1	1	2	1						

Prerequisite phase/course attendance (if applicable):	School code	Course completed
	Date of completion	Phase completed
Military and civilian vehicle operator license(s) (if applicable):		
Military license number:	Expiration date:	
Civilian license number:	Expiration date:	State:

PART III - REQUIRED DOCUMENTS

Security clearance (if applicable, attach as required) Interim SECRET eligibility or ENTAC prior to beginning course

*Permanent profile attendees (if applicable): AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT). TPU/Traditional Guardsmen must have copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT).

All required waivers (if applicable)

Other requirements (if applicable) Must hold the MOS of 12B, 18C or USMC equivalent

OTHER REQUIREMENTS OF DA PAM 611-21 NOT PREVIOUSLY LISTED:

Other requirements (if applicable) Grade E4 through E8 only

Other requirements (if applicable) Normal Red/Green perception

Other requirements (if applicable)

Other requirements (if applicable)

I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.

Student's Signature: _____ **Date:** _____

I have reviewed the above soldier's qualifications and potential to successfully complete this course, counseled them on these requirements, and hereby verify their readiness to attend.

Commanding Officer (typed name): _____ **Date:** _____

Signature: _____