USAF CERTIFICATION OF AIRCREW TRAINING			
THIS IS TO CERTIFY THAT			
LAST NAME, FIRST, MIDDLE INITIAL AND DoD ID Number			
HAS SATISFACTORILY COMPLETED THE TRAINING OR SPECIAL QUALIFICATION INDICATED HEREON			
TRAINING REQUIREMENT/SUBJECT TITLE	DATE COMPLETED	CERTIFYING OFFICIAL/ORGANIZATION	

TRAINING REQUIREMENT/SUBJECT TITLE	DATE COMPLETED	CERTIFYING OFFICIAL/ORGANIZATION
AF Form 1381, 20201005 REVERSE		