

### COMSEC MAINTENANCE TRAINING AND EXPERIENCE RECORD

*(See reverse side for instructions)*

1. NAME <i>(Last - First - Middle Initial)</i>			2. RANK/GRADE		3. SERVICE	
a. EQUIPMENT SHORT TITLE	b. QUALIFIED <i>(Yes/No)</i>	c. METHOD	d. DATE <i>(YYYYMMDD)</i>	e. REMARKS <i>(Include School or Organization)</i>	f. CERTIFICATION	
					(1) SIGNATURE OF CERTIFYING OFFICER	(2) ORGANIZATION OF CERTIFYING OFFICER

**INSTRUCTIONS**  
**DO NOT ENTER CLASSIFIED INFORMATION ON THIS FORM**

**1. - 3. NAME, RANK/GRADE AND SERVICE** - Enter name, rank or grade, and service of technician who completes a COMSEC maintenance course.

**Column a. - EQUIPMENT SHORT TITLE** - List equipment maintained, trained on, or requalified on during the preceding 12 months by short title only. Do not use groups of equipments or course numbers.

**Column b. - QUALIFIED** - Enter "yes" or "no" to indicate whether or not qualified for the equipment listed in Column a.

**Column c. - METHOD** - Specify method of qualification:

- a. By formal training initially.
- b. By maintenance experience (qualified by actual maintenance performed on the equipment during the preceding 12 months and not valid without initial formal training).
- c. By re-examination (not valid without prior formal training on the equipment).
- d. Still qualified, but no maintenance experience within 12 months.
- e. Qualified by field training package.

**Column d. - DATE** - Enter date (YYYYMMDD) of completion of training, examination, or records review.

**Column e. - REMARKS** - Enter any special remarks such as skill level, location of school or organization, and grade received. (Leave blank for maintenance experience).

**NOTE:** When conducting an annual or PCS review of the DD Form 1435, you may determine that the member has had no formal training, maintenance experience, or requalifying examination during the period of review. In this event, make the following entry in the remarks column: "Annual/PCS review conducted. No additional entries required and no change in certification status."

**Column f. - CERTIFICATION** - Signature and organization of authorized representative such as Communications Officer, Electronics Officer, Cryptorepresentative.