## UNIT TRAINING MISSION (UTM) FINAL REPORT

Complete this form to scan to Wing Emergency Services Officer/DOS at (dos@nebraskacivilairpatrol.org) no later than 15 calendar days after the close of the training mission for which a UTM Number was approved. Complete the summary of the mission activities, scenarios and qualifications for approval of requirements by the Wing DOS. A Copy of the NEWGF 310, Personnel Register, must be attached to this report. Any additional pages are allowed.

**1. Training Mission Approval**

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|---|---|---|---|---|---|---|
| | **UTM Number Assigned:** | | **Completion Date:** | | **IC:** | |

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|---|---|---|---|---|
| **2. Units Involved:** | | | | |
| **3. Corporate Vehicles:** | | | | |
| **4. Corporate Aircraft Involved:** | | | | |

**5. Other Agency Participation (if any):**

**6. Training Mission Staff - List all Staff Members and Assignment completed on this training:**

**7. Training Accomplishments:**

**8. Scenarios Accomplished:**

| | | | |
|---|---|---|---|
| **Form submitted by:** | | | |
| | NAME/RANK | TITLE | DATE |