

CODE HANDLER CERTIFICATION AND TRAINING RECORD				
NAME (Last, First, Middle Initial)	GRADE	UNIT	CODES DUTY TITLE	CODE GROUP
I. INITIAL TRAINING CERTIFICATION				
I certify that the individual indicated above has successfully completed all Code Handler initial training and testing requirements.		DATE (YYYYMMDD)	SIGNATURE, TYPED NAME, GRADE, TITLE(Instructor)	
CERTIFICATION/APPOINTMENT REQUIREMENTS				
PRP CERTIFIED DATE (Interim/Final)	TWO-PERSON CONCEPT TRAINING DATE	INITIAL/RECURRING NUCLEAR SURETY TRAINING DATE	SECURITY CLEARANCE DATE (Interim/Final)	
II. CERTIFICATION AND APPOINTMENT				
I fully understand my responsibilities for controlling and handling Code Components.		DATE (YYYYMMDD)	SIGNATURE (Individual)	
I certify that the individual listed above meets all Code Handler requirements. Effective this date, the individual listed above is a certified Code Handler and has been assigned to the Code Control Group as indicated above.		DATE (YYYYMMDD)	SIGNATURE, TYPED NAME, GRADE, TITLE(Certifying Official)	
III. DECERTIFICATION				
The Code Handler Certification of the individual listed above has been terminated and effective this date is decertified as a		DATE (YYYYMMDD)	SIGNATURE, TYPED NAME, GRADE, TITLE(Decertifying Official)	

AFSPC FORM 165, 19950601 (IMT-V1)

(Continue on reverse)

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