	ADVANCED INFANTRY I	CU SCOUT BASI		CKLIST
NAME:		DATE:		
EAS:		GRADE:	EDIPI:	UNIT:
Students MUST	meet the following:	CERTIFY INT		
ADMIN	PFC THROUGH SERGEANT			SIGNATURE:
	ASSIGNED TO SCOUT PLT		-	
	POSSESSES APPROPRIATE UNIFORMS AND GEAR IN SERVICABLE		-	
	CONDITION FOR THE COURSE NO EXISTING FAMILY, LEGAL, HARDSHIPS THAT WILL DETER FROM		+	
	FULL COURSE PARTICIPATION		-	
	NO NJPs IN THE LAST 12 MONTHS ONE YEAR OF SERVICE OR ONE DEPLOYMENT REMAINING IN			
	SERVICE FITREP/JEPES NOT REQUIRED DUE TO COURSE LENGTH LESS THAN		1STSGT or ADMIN CHIEF RANK/NAME:	CERTIFICATION DATE:
	30 DAY			CERTIFICATION DATE.
	FULL DUTY STATUS. NO EXISTING MEDICAL PROBLEMS AND HAS CURRENT PHYSICAL WITH IN LAST FIVE YEARS		SIGNATURE:	
MEDICAL			MEDICAL OFFICER RANK/ NAME:	CERTIFICATION DATE:
			SIGNATURE:	
ODED ATIONS	LAST PFT & CFT RUN IN MCTIMS: PFT SCORE: DATE: CFT SCORE: DATE:			
OPERATIONS	MEETS HEIGHT/WEIGHT STANDARDS IN ACCORDANCE WITH MCO		CO or BN OPERATIONSRANK/ NAME:	CERTIFICATION DATE:
	6110.3, ALMAR 033/08 AND 034/08			
	Students should have EXPOSURE to these	tasks prior to enrollm	ent in the course.	Recommended Marinenet / Courses
	0300/0311 Basic 20	00-level-skills:		
	0317-FSPT-2001 Conduct an Imm 0317-FSPT-2002 Conduct an 0317-FSPT-2003 Conduct an 0317-PSPT-2003 Conduct an 0317-PAT-2001 Navigate wit 0317-PAT-2002 Camouflag 0317-PAT-2005 Oper 0317-PAT-2007 Conduct Individual A 0317-PAT-2007 Conduct Individual 0317-PAT-2007 Conduct Individual 0317-SURV-2001 Execute Sur	n Adjust Fire Mission Illumination Mission a a Terrain Model h a Map and Compass re Sniper Equipment ste from a Hide Actions in an Observation Post l Actions During Infiltration		Scouting and Patrolling IROC
I HAVE PER	SONALLY SCREENED THIS MARINE AND CERTIFY THA	AT THEY MEET ALL T	HE REQUIREMENTS FOR ENROLLMENT	AS A STUDENT AT THE SCOUT BASIC COURSE
PLT SGT/ PLT				
COMMANDER:	(PRINT RANK L NAME, F NAME)	(1	SIGN)	(DATE)
	(GOV. EMAIL)	(PHONE NUMBER)		
CO GYSGT/ OPERATIONS				
CHIEF:	(PRINT RANK L NAME, F NAME)	(1	SIGN)	(DATE)
	(GOV. EMAIL)	(PHONE NUMBER)		
COMPANY				
COMMANDER:	(PRINT RANK L NAME, F NAME)	(SIGN)	(DATE)
	(GOV. EMAIL)	(PHON	E NUMBER)	
BN OPERATIONS				
CHIEF:	(PRINT RANK L NAME, F NAME)	(SIGN)	(DATE)
	(FRIVE REINE DIVINE, FIVENE)	(SIGI ()	(DITE)
All students	report to AITB-E, Bldg G-483 room 1010. **	All students are re	equired to possess their original ord	lers and completed Command Screening
	Checklist. Stu		n wearing camouflage utilities.	
	REPORT DATES			
POC 3	26-Jun Report da		ation contact the SNCOIC at	
	0-0472.			

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