

SUPPORTING PERSONNEL

NAME	<input type="text"/>
SPECIES	<input type="text"/>
RANK	<input type="text"/>
ASSIGNMENT	<input type="text"/>
TRAITS	<input type="text"/>

FOCUS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

ATTRIBUTES

CONTROL <input type="checkbox"/>	DARING <input type="checkbox"/>
FITNESS <input type="checkbox"/>	INSIGHT <input type="checkbox"/>
PRESENCE <input type="checkbox"/>	REASON <input type="checkbox"/>

DISCIPLINES

COMMAND <input type="checkbox"/>	CONN <input type="checkbox"/>
SECURITY <input type="checkbox"/>	ENGINEERING <input type="checkbox"/>
SCIENCE <input type="checkbox"/>	MEDICINE <input type="checkbox"/>

STRESS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER

<input type="text"/>

WEAPONS

NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	
NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	

EQUIPMENT

<input type="text"/>

SUPPORTING PERSONNEL

NAME	<input type="text"/>
SPECIES	<input type="text"/>
RANK	<input type="text"/>
ASSIGNMENT	<input type="text"/>
TRAITS	<input type="text"/>

FOCUS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

ATTRIBUTES

CONTROL <input type="checkbox"/>	DARING <input type="checkbox"/>
FITNESS <input type="checkbox"/>	INSIGHT <input type="checkbox"/>
PRESENCE <input type="checkbox"/>	REASON <input type="checkbox"/>

DISCIPLINES

COMMAND <input type="checkbox"/>	CONN <input type="checkbox"/>
SECURITY <input type="checkbox"/>	ENGINEERING <input type="checkbox"/>
SCIENCE <input type="checkbox"/>	MEDICINE <input type="checkbox"/>

STRESS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER

<input type="text"/>

WEAPONS

NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	
NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	

EQUIPMENT

<input type="text"/>
