

Qualification Examiner (OE) Request Form

Requested Event Date:

Sponsoring Division / Flotilla:

Point of Contact:

Location (Marina, Dock, or Facility):

Directions to Location:

Candidate(s) Information:

NAME	MEMBER I.D. #	EMAIL ADDRESS	DIV # / FLOT #	COXSWAIN / CREW	BOAT / PWC	INITIAL / REQUALIFICATION

FACILITY (Name & Number) of Boats Involved in Exercise	COXSWAIN

Ensure each candidate has the following:

- ✓ Candidate's Qualification Guide completed with mentor signatures and dates on all tasks.
- ✓ Candidate possesses proof of completion of all tasks (Nav-Rules, TCT, ICS, etc.)
- ✓ 3-Year Currency Maintenance candidates must bring Appendix F from the new Auxiliary Boat Crew Training Manual, COMDTINST MI 6794.5 IA already filled out with candidate's information and signed by the candidate's FSO-IS.

Email completed form at least 4 weeks prior to the OPTREX date to the DSO-OP via the DSO-OP@d11nuscgaux.info email address.

Comments:

Contact Information:

Contact Name:

Contact Phone #: Cell

Landline:

Contact Email Address: