

REQUEST FOR VESSEL EXAMINER CERTIFICATION

Vessel Examiner (VE):

I, _____, _____,
Printed Name of Qualified VE Qualified VE Member Number

certify that _____, _____
Printed Member Name Flotilla and Member Number

has successfully completed the on-line Vessel Examiner examination (or written exam/copy attached) with a passing score of 90%, is BQ, and has completed the following tasks:

_____ Member has satisfactorily conducted 5 Vessel Safety Checks (VSC's) and/or facility
(VE Initials) inspections under my observation.

_____ Member has completed the mandatory VE/MDV workshop for the current year. If no
(VE Initials) mandatory workshop, no entry required.

(Date workshop completed)

(Date)

(Signature of Qualified VE)

(Date)

(Signature of DSO-VE)

Following completion of the required supervised tasks, the Qualified VE must complete, sign, and forward this form to the DSO-VE. The DSO-VE will then forward the form to the Director of Auxiliary for Certification.

**Director of Auxiliary (dpa)
Thirteenth Coast Guard District
915 Second Ave
Seattle WA 98174-1067**

NOTE: THIS FORM SHOULD NOT BE SENT TO DIRAUX UNTIL THE ABOVE TASKS HAVE BEEN SUCCESSFULLY COMPLETED!

(CERTIFICATION APPROVAL DATE)

(DIRAUX AUTHORIZED SIGNATURE)