EDSR FORM 2025: Qualification for Vessel Examiner or Recreational Boating Safety Visitor

From: Flotilla Commander, Flotilla 054-

To: Director of Auxiliary, Fifth District Southern Region

Subject: Qualification for Vessel Examiner or Recreational Boating Safety Visitor

Examination: ☐ Vessel Examiner Qualification Examination ☐ Recreational Boating Safety Visitor

To: Flotilla Commander, Flotilla 054-

Member Name: Member Auxiliary ID Number:

Passed the Qualification Examination for: VESSEL EXAMINER QUALIFICATION

Date of Online Examination: Grade:

This is to certify that as flotilla commander I have verified in AUXDATA II that the named individual has:

☐ Conducted five supervised examinations in the presence of qualified VE for initial qualification.

NAME/AUX ID# of qualified VE:

☐ Conducted at least two RBS visits under the supervision of a qualified RBSV.

NAME of qualified VE:

AUXILIARY ID# of qualified VE:

☐ This is a Re-Qualification/REYR.

Flotilla Commander's Signature:

Date: