

VOLUNTARY REQUEST TO TERMINATE CERTIFICATION
United States Coast Guard Auxiliary District Eight Eastern Region

TO: DIRAUX

FROM: NAME (Print or Type) MEMBER NUMBER

DIVISION FLOTILLA

DATE:

I hereby request that DIRAUX Terminate, effective immediately, my certification in the following program (s).

- Boat Crew Coxswain PWC OPERATOR Instructor
- Program Visitor Public Affairs Vessel Examiner
- Other Program
- Other Program

NOTE: I acknowledge that should I wish to participate in one or more of these programs in the future that I will be required to complete all the required training, tests, and mentored activities as though I was never certified in the program and that the system will remove all data indicating that I was ever certified.

Signature
Field

(Electronic Signature acceptable;
use /s/ followed by typed full name

Fill out this form and print a copy for Flotilla Commander before submitting