

QUALIFICATION AND RE-CERTIFICATION

Select Qualification or Re-Qualification: Basic, Instructor, Vessel Examiner, Marine Dealer

Member ID: _____ Member Name: _____

Prerequisites- I have completed the following prerequisites and they are reflected in AUXDATA:

- | | | |
|---|---|---|
| <input type="checkbox"/> Basically Qualified (BQ) or AUXOP (AX) | <input type="checkbox"/> AUX CT | <input type="checkbox"/> BQC-II (If enrolled o/a 01 FEB 18) |
| <input type="checkbox"/> Intro To Risk Management | <input type="checkbox"/> Current Year Workshop (IT, VE, PV) | <input type="checkbox"/> |

Member Signature: _____

INSTRUCTOR (IT) – INITIAL QUALIFICATION – Use ANSC Form 7014 (Attach Exam Answer Sheet)

INSTRUCTOR (IT) RE-CERTIFICATION (Requires activity in past 5 years): Teach 2 hours or Assist for 4 hours)

Member ID	Member Name (Print)	Member Signature	IT Date	Assist Date	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VESSEL EXAMINER (VE) – INITIAL QUALIFICATION - Exam Score = _____% (Attach Answer Sheet)

I certify that the above named member has completed the following VSC's under my supervision:
(Total five (5) VSC's to be completed by a Certified VE.)

Member ID	Member Name (Print)	Member Signature	VSC Date	Registration/ Documentation No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VESSEL EXAMINER (VE) – RE-CERTIFICATION (Requires VE activity in past 5 years.)

I certify that the above named member has completed the following VSC's under my supervision:
(Total two (2) VSC's to be completed by a Certified VE.)

Member ID	Member Name (Print)	Member Signature	VSC Date	Registration/ Documentation No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROGRAM VISITOR (PV) – INITIAL QUALIFICATION – Exam Score = _____% (Attach Answer Sheet)

I certify that the above named member has completed the following PVs under my supervision:
(Total two (2) PVs to be completed by a Certified PV)

PROGRAM VISITOR (PV) – RE-CERTIFICATION (Requires PV activity in past 5 years.)

I certify that the above named member has completed the following PV under my supervision:
(Total two (2) PVs to be completed by a Certified PV.)

Member ID	Member Name (Print)	Member Signature	PV Date	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FC Member ID: _____ **FC Name:** _____

I have reviewed the pertinent documents and attest that the member named above has successfully completed all requirements for qualification/re-certification as shown above. **Attach exam answer sheets where applicable.**

Signature of Flotilla Commander: _____ **Date:** _____

Submit to DIRAUX