



**USCG Auxiliary  
District 11 South**

**VOLUNTARY REQUEST FOR TERMINATION OF CERTIFICATION**  
United States Coast Guard Auxiliary District Eleven South

TO: DIRAUX

FROM: \_\_\_\_\_; ID \_\_\_\_\_ FLOTILLA: \_\_\_\_\_.

DATE: \_\_\_\_\_.

COPY: FLOTILLA COMMANDER

SUBMIT VIA: **d11-smb-d11aux-south@uscg.mil**

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

\_\_\_\_ ATON VERIFIER

\_\_\_\_ BOAT CREW

\_\_\_\_ COXSWAIN

\_\_\_\_ PERSONAL WATERCRAFT OPERATOR

\_\_\_\_ INSTRUCTOR

\_\_\_\_ PROGRAM VISITOR

\_\_\_\_ PUBLIC AFFAIRS

\_\_\_\_ TELECOMMUNICATIONS OPERATOR

\_\_\_\_ VESSEL EXAMINER

\_\_\_\_ OTHER PROGRAM (PLEASE DESCRIBE) \_\_\_\_\_.

\_\_\_\_ OTHER PROGRAM (PLEASE DESCRIBE) \_\_\_\_\_.

**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 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