

**SURFACE OPERATIONS
RE-CERTIFICATION**

Member ID: _____ **Member Name:** _____
(Print Name)

My certification is in **REYR** or **RWRK**

I have completed the requirements for recertification as indicated below.

Member Signature: _____

The purpose of this form is to notify DIRAUX that you have completed requirement(s) to have REYR/REWK removed from your certification noted below. Be certain that all hours, workshops, classes, etc. have been recorded in AUXDATA showing your hours as Trainee prior to submitting this form to DIRAUX.

BOAT CREW (Place a check next to those items needed for currency.)

- 12 hours underway @ year
- 8-hour TCT @ 5 years
- 1-hour TCT @ year
- ICS Required Courses (ICS 100 & 700)
- OPS Workshop @ year
- QE Check Ride @ 3 years

BOAT COXSWAIN (Place a check next to those items needed for currency.)

- 12 hours underway @ year
- 8-hour TCT @ 5 years
- 1-hour TCT @ year
- ICS Required Courses (ICS 100, 200, 700, 800 & 210)
- OPS Workshop @ year,
- NAV Rules @ 5 years
- QE Check Ride @ 3 years

PERSONAL WATERCRAFT (PWC) OPERATOR

(Place a check next to those items completed for currency.)

- 12 hours underway @ year
- 8-hour TCT @ 5 years
- 1-hour TCT @ year
- ICS Required Courses (ICS 100, 200, 700, 800 & 210)
- OPS Workshop @ year
- NAV Rules @ 5 years
- QE Check Ride @ 3 years

I have verified that the above information is in AUXDATA as of _____
(Date)

SO/FSO-IS _____ **(Signature)** _____
(Print Name)

MAIL TO: Commander (oax), 14th Coast Guard District, 300 Ala Moana Blvd Rm 9-207, Honolulu, Hi 96850-4982