

U.S. Coast Guard Auxiliary Marine Safety Insignia Application and Check-off Sheet

Personal Information:	
Last Name, First, MI	
Employee Number Men	ber District – Division - Flotilla
Documentation of completion of Trident training p	rogram:
Course	Date Completed
Introduction to Marine Safety (IMSEP) (after	01 Oct 2010)
Or IMSEP (before 01 Oct 2010) AND IIMS (IIMS no longer available)
Good Mate Manual and Course	
Incident Command System (ICS 100)	
Incident Command System (ICS 200)	
Incident Command System (ICS210 or ICS30	0)
National Incident Management System (IS 70	
Introduction to the National Response Plan (IS	
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3. Completion of at least four marine safety qualifications/PQSs from National Prevention website (attach copy of Letter of Designation and PQS booklet for each professional area): * **No local PQSs count**

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4. Service in support of marine safety and environmental protection program (Minimum 96 hours per calendar year):

Year	MS&MSP Hours as Recorded in AUXDATA

Recommendation from COTP for Conditional and Permanent award (attach copy of letter) ____

5. DSO-MS Endorsement: "I have reviewed the information provided. It is complete and accurate. I recommend issuance of the *Conditional ______, Permanent ______ Auxiliary Marine Safety Device." *Conditional award is for missing yearly hours only, everything else must be complete.

INSTUCTIONS: This form is to be completed by the member and is a part of the Application. DSO-MS shall review and endorse and, if found satisfactory, forward to DIRAUX, for entry in Member's Record and processing of the award.

6. APPROVAL by DIRAUX: "I have reviewed the information presented and concur that it is complete and accurate. I hereby approve this Award and have instructed that this award be entered into the member's record.

Name, rank and District of DIRAUX: _____

DIRAUX signature and Date: _____