

APPENDIX D QE Application Form

NAME :		Member #	
ADDRESS:			
Home PH:			
Cell. PH:			
e-mail:			
District.:		Division.:	
		Flotilla.:	

EXPERIENCE(YEARS)					
MBR	CRW	COX	PWC	IT	WatchStander

OPERATIONAL HOURS						
	Last Year	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago	LAST TCT/RM
COX						
CREW						
PWC						
IT						
W/S						
AUX. OFFICES HELD						
OTHER JOBS & SKILLS						

By signing below, the applicant acknowledges the time commitment required to be a QE.

APPLICANT'S SIGNATURE	DATE

REVIEWING SIGNATURES	DATE	APPROVED
AQEC		YES/NO
BCAB/CQEC		YES/NO

Please attach a page explaining why you want to be a Boat Crew Program Qualification Examiner (QE)