

APPENDIX A

Initial Checkride and Third Year Evaluation/Recertification Checklist

Member Name: _____ **Member Number:** _____

Dist: _____ **Div:** _____ **Flotilla:** _____ **DATE:** _____

The FC, FSO-OP or FSO-MT shall complete the appropriate sections below and provide it to the member for review and member’s signature. Once this form has been reviewed and signed by the member, the FC, FSO-OP or FSO-MT may submit a request for a QE using the QE Request Form in [Appendix B](#) to the AQEC or CQEC (as applicable) who will then assign a QE as applicable.

PREREQUISITES	CREW		COXSWAIN		PWO	
Check One:	<input type="checkbox"/> Initial √ Ride	<input type="checkbox"/> 3YR or Recert	<input type="checkbox"/> Initial √ Ride	<input type="checkbox"/> 3YR or Recert	<input type="checkbox"/> Initial √ Ride	<input type="checkbox"/> 3YR or Recert
Completion of applicable PQS						
Personal Physical Fitness and Vision BCM-02-02						
Risk Mgt TCT Refresher (within 15 months)						
OPS Workshop (if mandatory in current year)						
Navigation Rules: Initial – NAV 70. Recert – NAV 95 (within 5 years)						
AUXCT – Core Training Current (Not in REYR)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual Underway Hours and Currency Task Current (Member not in REYR)		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Member Print Name:	Member Signature:	Date:
FC or FSO-OP or FSO-MT Print Name:	FC or FSO-OP or FSO-MT Signature:	Date:
AQEC Print Name:	AQEC Signature:	Date: