

## APPENDIX B QE Request Form

From: \_\_\_\_\_  
 (FC/FSO-OP/FSO-MT)

Date: \_\_\_\_\_

To: \_\_\_\_\_  
 (Area/Chief QE Coordinator)

Requesters Phone No.: \_\_\_\_\_

Requestors Email: .: \_\_\_\_\_

Requesting Division/Flotilla: \_\_\_\_\_ Number of candidates: \_\_\_\_\_

I am requesting a QE for the following purposes (List corresponding TASK number(s) in candidate table)

TASK	TASK
1) Coxswain Oral Board	2) Coxswain Initial Checkride
3) Crew Oral Board	4) Crew Initial Checkride
5) PWC Oral Board	6) PWC Initial Checkride
7) Third Year Coxswain	8) Third Year Crewmember
9) Third Year PWO	10) Night Initial Checkride (COX or BCM)
11) Operational Excellence Program	

Please list candidate(s) required information below:

NAME	MEMBER #	UNIT	Phone #	TASK #(s)

Mission Information				
Candidate:	Mission Date:	Alt. Mission Date	Mission Start Time:	Number of Facilities needed

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### QE Request Form Additional Info

Enter other mission information here (i.e., location, directions, etc.)

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**This section to be filled out by QE coordinator:**

<b>QE(s) Assigned to Duty:</b>	
1.	2.

**QE After Action Report**

<b>Filled out by QE</b>					
<b>AUXFAC ID #</b>		<b>Patrol #</b>		<b>Date:</b>	<b>Time:</b>
<b>Patrol Area:</b>					
<b>After Action Report / Amplifying Information</b>					