

APPENDIX C

U. S. Coast Guard Auxiliary Boat Crew Program Qualification Letter

From: _____ Date: _____
(Print QE Name)

To: Operations Training Officer, District: _____

Via: _____ Area: _____
(Print AQEC)

Subject: TASK COMPLETION (Check one) CREW / COXSWAIN / PWC OPERATOR

Member completed Nighttime certification requirements (Check one): YES/ NO

(Print Member's Name) (Member's 7-digit Number) (Division & Flotilla)

(QE's Signature) (Date Completed)

FIRST ENDORSEMENT

Date: _____

(Print AQEC)

Area: _____

To Operations Training Officer, _____

Forwarded for certification and entry into AUXDATA II. A check of my records indicates all tasks for this qualification have been completed.

(AQEC's Signature)

SECOND ENDORSEMENT

Date: _____

From Operations Training Officer, _____

To: _____
(Member's Name)

I approved and certified as a CREW / COXSWAIN / PWC Operator in the USCG Auxiliary Boat Crew Program. (Check one)

Member certified night in AUXDATA II (Check one): YES/ NO

(OTO's Signature)

Copy: Member's AUXDATA file