

FIFTH YEAR CURRENCY MAINTENANCE

DATE: _____

Member Name: _____ Member Number: _____

To: SO/IS Division _____ SO/IS must verify underway hours then send to OTO.

Ref: (a) Auxiliary Boat Crew Training and Qualification Guide (COMDTINST M16794.51)

(b) Auxiliary PWC Training and Qualification Guide (COMDTINST M16794.54)

1. This is to notify you that I have reviewed the currency maintenance requirements of:

Name of Auxiliarist: _____

Member Number: Div: ____ Flta: ____ I.D. Number: _____

2. The currency maintenance requirements checked below have been satisfactorily completed. The above named Auxiliarist was physically and mentally capable of performing all currency maintenance requirements signed-off in my presence.

COXSWAIN

Nav Rules Test _____ (Score) _____ (Date) _____ Q.E. Print Name _____ Q.E. Signature _____
8 Hours Underway _____ Verified _____ COX-03-04-AUX _____
Month / Year SO/IS Signature Month / Year
COX-07-02-AUX _____ COX-08-05-AUX _____ COX-08-07-AUX _____
Month / Year Month / Year Month / Year

CREW

8 Hours Underway _____ Verified _____ BCM-03-04-AUX _____
Month / Year SO/IS Signature Month / Year
BCM-07-02-AUX _____ BCM-07-05-AUX _____ BCM-07-08-AUX _____
Month / Year Month / Year Month / Year

PWC OPERATOR

Nav Rules Test _____ (Score) _____ (Date) _____ Q.E. Print Name _____ Q.E. Signature _____
Eight Hours Underway _____ Verified _____
Month / Year SO/IS Signature
PWC-03-05-AUX _____ PWC-04-01-AUX _____ PWC-07-02-AUX _____
Month / Year Month / Year Month / Year
PWC-07-03-AUX _____ PWC-02-11-AUX _____ PWC-04-03-AUX _____
Month / Year Month / Year Month / Year

Signature of Q.E.

Date

OTO Signature

Date

Distribution: SO/IS to OTO, OTO to SO/IS, SO/IS to AUXDATA