



SUPERVISION OF CERTIFICATION FORM

Vessel Safety Examiner (VE):

I, _____, certify that _____
Printed name of Qualified Vessel Examiner Member Name Member Number

has successfully completed following tasks:

Member is Basically Qualified (BQ) in the AUXDATA System having passed a NASBLA approved boating safety course (Please confirm with your IS Officer).

Member has completed the on-line open-book exam portion of the Vessel Examiner Course on _____.
Date

Member has performed 5 Vessel Safety Examinations/Facility Inspections under the supervision of a qualified Vessel Examiner.

Member's Trainee Vessel Exams have been entered into AUXDATA.

Member has completed the mandatory VE/MDV workshop (*if required*) for the current year on _____.
Date

Date

Signature of Supervising VE or Elected Member

Following completion of the required supervised tasks, the Qualified Vessel Examiner/Supervisor must complete, sign, and forward this form to the Director of Auxiliary at which time the Member will be entered into AUXDATA as a qualified Auxiliary Vessel Examiner. Member is authorized to do Vessel Exams only as a Trainee until their qualification has been entered into the system.

**Director of Auxiliary
17th Coast Guard District
P O Box 25517
Juneau, AK 99802-5517**

FAX: 907-463-2820

NOTE: THIS FORM SHOULD NOT BE SENT TO THE DIRECTOR UNTIL THE ABOVE TASKS HAS BEEN SUCCESSFULLY COMPLETED!