

QE REQUEST FORM

From: FC/SO-MT or FSO-MT: _____

Email: _____ Phone: _____

To: QEC

I am requesting a QE for the following purpose:

- Nav Rules Test /_/_/
- Crew Checkride /_/_/
- Coxswain Checkride /_/_/
- PWO Checkride /_/_/
- Three-year Crew /_/_/
- Three-year Coxswain /_/_/
- Three-year PWO /_/_/

The examination is requested for this time and date _____

Alternate time and date: (Not less than 7 days) _____

Candidate's Name _____ Candidate's Empid _____ Flotilla _____

Location: _____

I have inspected the candidate's Boat Crew Qualification Guide (Vol. 1, 2 or 3 as appropriate) and papers. I have determined the following:

- The *Record of Completed Tasks* (Appendix B) is complete. A mentor's has initialed and dated each task.
- Candidate's name is on every page of the Boat Crew Qualification Guide.
- Mentor(s) signature and date appear on each task as required.
- Candidate has copy proving satisfactory completion of an approved boating safety course. (Crew/PWO)
- The candidate has a copy of the completed Form 1SR-7. (Crew)
- Candidate has a copy showing completion of the Navrules test. (Coxswain/PWO)
- Candidate has copy of completion of Team Coordination Training
- Candidate has copy of completion of TCT Review (years 1-4)
- Candidate has copy of certification in ICS 100 & ICS 700/ ICS 200 & 800
- Candidate has copy of completion of Operational Policy Exam (Coxswain/PWO)
- The candidate has been trained to the standards set forth in the appropriate publication (s).

Signed FC/FSO-MT or SO-MT Date

Replied _____ QE Assigned _____ (Tel) _____
Date