



## APPENDIX F QE Request Form

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

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

AQEC Phone No.: \_\_\_\_\_

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

I am requesting a QE for the following purposes (Check all that apply):

TASK		TASK	
Nav Rules Testing		Operational Excellence	
Coxswain Oral		Coxswain Underway	
Crew Oral		Crew Underway	
PWC Oral		PWC Underway	
Third Year Crew		Third Year Coxswain	
Third Year PWC		Night Underway (COX, BCM)	

The requested time and date is: \_\_\_\_\_

Alternate time and date:

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

Please list candidate names, Auxiliary Member Number, and Division/Flotilla below:

NAME	MEMBER #	DIV / FLTA	E-MAIL	PHONE #

The Record of completed tasks displays mentor signatures and dates for each task. The candidate has completed all reading assignments and exercises. Candidate's name and mentor signature and date appear on each task as required. Candidate possesses proof of completion of special tasks (Nav-Rules, RM/TCT, etc.) Candidate has been trained to the standards set forth in the appropriate publication. FSO-IS has verified that member is not in REYR for underway hours/annual currency maintenance TASK.

\_\_\_\_\_  
(NAME OF PERSON REQUEST)

\_\_\_\_\_  
(DATE)