CCGD11N AUX **Form MT-2 (11-09)**	**QUALIFICATION AND RE-CERTIFICATION** Select Qualification or Re-Qualification: Basic, Instructor, Vessel Examiner, Marine Dealer

Member ID: _____   **Member Name**: _____

☐ **BASIC QUALIFICATION (BQ)** I have completed one of the following Auxiliary courses by passing a closed book exam or successfully challenging the exam:

☐ Basic Skills and Seamanship (BS&S)   ☐ Sailing Fundamentals (SF)   ☐ Sailing and Seamanship (S&S)
☐ Boating Safely Course (BSC)   ☐ America's Boating Course (ABC)   ☐ USPS Basic Boating Course

Member Signature: _____

☐ **INSTRUCTOR (IT) – INITIAL QUALIFICATION – Use ANSC Form 7014** (Attach Exam Answer Sheet)

☐ **INSTRUCTOR (IT) RE-CERTIFICATION** (Requires activity in past 5 years):Teach 2 hours or Assist for 4 hours)

Member ID	Instructor Name (Print)	Instructor Signature	IT Date	Assist Date	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

☐ **VESSEL EXAMINER (VE) – INITIAL QUALIFICATION -** Exam Score =_____% (Attach Answer Sheet)
I certify that the above named member has completed the following VSCs under my supervision:
(Total five (5) VSCs to be completed by a Certified VE.)

Member ID	Examiner Name (Print)	Examiner Signature	VSC Date	Registration/ Documentation No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ **VESSEL EXAMINER (VE) – RE-CERTIFICATION** (Requires VE activity in past 5 years.)
I certify that the above named member has completed the following VSCs under my supervision:
(Total two (2) VSCs to be completed by a Certified VE.)

Member ID	Examiner Name (Print)	Examiner Signature	VSC Date	Registration/ Documentation No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check one of the two boxes below and a certified Program Visitor should complete the information shown below.

☐ **PROGRAM VISITOR (PV) – INITIAL QUALIFICATION** – Exam Score = _____% (Attach Answer Sheet)
I certify that the above named member has completed the following PVs under my supervision:
(Total two (2) PVs to be completed by a Certified PV)

☐ **PROGRAM VISITOR (PV) – RE-CERTIFICATION** (Requires PV activity in past 5 years.)
I certify that the above named member has completed the following PVs under my supervision:
(Total two (2) PVs to be completed by a Certified PV.)

Member ID	PV Name (Print)	PV Signature	PV Date	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FC Member ID: _____   **FC Name**: _____
I have reviewed the pertinent documents and attest that the member named above has successfully completed all requirements for qualification/re-certification as shown above. **Attach exam answer sheets where applicable.**

Signature of Flotilla Commander: _____ Date: _____

Submit to DIRAUX

INSTRUCTIONS FOR COMPLETING FORM MT-2
QUALIFICATION AND RE-CERTIFICATION

(This form may be completed on the computer but requires original signatures, print it out and mail it to the DIRAUX office for certification and entering into AUXDATA.)

BASIC QUALIFICATION (BQ)
- Member who has completed an Auxiliary or United States Power Squadron boating safety course should complete the top section of the form by completing their Member ID
- Number and printing their name. Check the course completed or examination challenged and sign the form in the top block.

INSTRUCTOR PROGRAM (IT)
- The member qualifying completes the top block with Member ID Number, print name and signature.
- For initial instructor qualification use ANSC Form 7014 and attach Exam Answer Sheet)

INSTRUCTOR RE-CERTIFICATION (IT) *Requires some activity in the past 5 years*
- The member qualifying completes the top block with Member ID Number, print name and signature.
- A certified instructor must complete the Instructor (IT) Re-certification information.

VESSEL EXAMINER (VE) INITIAL QUALIFICATION:
- The member qualifying completes the top block with Member ID Number, print name and signature.
- The Exam Score should be entered and if it was a written test attach the answer sheet. If test was taken on-line, so indicate.
- The certified vessel examiner(s) should complete the five exams given under their supervision.

VESSEL EXAMINER (VE) RE-CERTIFICATION: (Requires VE activity in the past 5 years)
- The member qualifying completes the top block with Member ID Number, print name and signature.
- The certified vessel examiner(s) should complete the two exams given under their supervision.

PROGRAM VISITOR (PV) INITIAL QUALIFICATION:
- The member qualifying completes the top block with Member ID Number, print name and signature.
- The Exam Score should be entered and if it was a written test attach the answer sheet. If test was taken on-line, so indicate.
- The certified program visitor(s) should complete the two visits performed under their supervision.

PROGRAM VISITOR (PV) RE-CERTIFICATION:
- The member qualifying should complete the top block with Member ID Number, print name and signature.
- A certified program visitor should complete the required visit information of the visit performed

The bottom section of the form is to be completed by the Flotilla Commander and sent to the DIRAUX Office for certification of the member and entry into AUXDATA prior to the member being able to perform subsequent missions.

Mail to: **Commander (oax-n)**
                   Eleventh Coast Guard District
                   Coast Guard Island, Bldg. 50-2
                   Alameda, CA 94501-5100