

BOAT CREW, ANNUAL or FIVE-YEAR CURRENCY MAINTENANCE REPORT

Date: _____ Please check below if this is an **Annual** or **Five Year** Maintenance Report
(dd/mm/yyyy)

(Print name of member doing tasks) (Division & Flotilla) (Member ID#)

(Print member's home address) (Street) (City) (State) (Zip Code)

(State Registration or Documentation Number of AUX Vessel and Date of Last Registration)

(Number of AUX Facility, as assigned by DIRAUX or CG Vessel)

(Name of AUX Facility)

CHECK ONLY ONE BELOW:

- ANNUAL:** Observed by Coxswain of Record
- FIVE-YEAR** Observed by Qualification Examiner

All Tasks to be completed to Highest Level Qualified (Check as Appropriate)

CREW

- BCM-03-04-AUX Assist Coxswain w/Pre-Underway Check-off
- BCM-07-05-AUX Pass Towline to Another boat &
Take in Stern Tow
- BCM-07-08-AUX Take a Boat in Alongside Tow
- BCM-07-02-AUX Participate in a Man Overboard
Evolution as a Recovery/Pickup Man

COXSWAIN

- COX-03-04-AUX Complete a Pre-U/W check off
- COX-08-05-AUX Take a Vessel in Stern Tow
- COX-08-07-AUX Take a Boat in Alongside Tow
- COX-07-02-AUX Rescue a Person from the Water
Using the Direct Pick-Up Method

The above candidate has demonstrated the capability to perform all currency maintenance requirements in accordance with the Auxiliary Boat Crew Training and Qualification Guide (COMDTINST M16798.28).

Indicate below ↓ and check one box → to show who observed tasks: **Coxswain** or **Qualification Examiner**

Printed Name _____ Member Number _____ Div/Flotilla _____

Signature of: _____ **Coxswain (Annual) or Qualification Examiner (Five Year)**

Distribution for **Annual:** Member to send original to SO-IS for entry into AUXDATA, member to retain copy

Distribution for **Five Year:** Member to send original to DIRAUX for input into AUXDATA, member to retain copy and, if requested to do so, send one to their IS officer for Flotilla and or Division records.