

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 members home address) (Street) (City) (State) (Zip Code)

(Name of Aux or CG Vessel) (Number of Aux or CG Vessel)

CHECK ONE:

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

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

COXSWAIN

CREW

- | | |
|--|--|
| <input type="checkbox"/> ACX-1-3-01 Pre Underway Check-off | <input type="checkbox"/> ACW-1-5-01 Assist with pre-U/W check off |
| <input type="checkbox"/> ACX-3-1-04 Take vessel in stern tow | <input type="checkbox"/> ACW-3-1-03 Take vessel in stern tow |
| <input type="checkbox"/> ACX-3-1-09 Shift stern tow to alongside tow | <input type="checkbox"/> ACW-3-1-06 Shift stern tow to alongside tow |
| <input type="checkbox"/> ACX-2-4-01 Man-overboard w/direct pickup | <input type="checkbox"/> ACW-2-4-02 Man-overboard with direct pickup |

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 boxes to show who observed tasks: **Coxswain** **Qualification Examiner**

Printed Name _____ Member Number _____ Div/Flotilla _____

Signature of: _____ **Coxswain or Qualification Examiner**

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, member to retain copy