

## RE-CERTIFICATION CURRENCY MAINTENANCE REPORT

*For members who have allowed their certifications to lapse*

(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)

(Date Performed dd/mm/yyyy)

### Please check for Re-certification:

- Re-Certification: 2nd year - Meet annual requirements, do the four tasks below including 8 hours underway under the supervision of a Coxswain or Qualification Examiner
- Re-Certification: 3<sup>rd</sup> year – Meet annual requirements – Do the four tasks below, including 8 hours underway **under the supervision of a Qualification Examiner.**

**NOTE:** After completing the eight (make up) hours for re-certifying, the member must complete, during the current re-certification year, the minimum of an additional eight hours on patrol at the level qualified in order to retain the re-certification for the following year.

### 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 member has completed a minimum of eight hours on patrol under my supervision.**

*(Attach copy of the Mission Activity Report, Form 7030)*

The candidate demonstrated the capability that he/she is capable of performing all currency requirements in accordance with the guidelines set forth in 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 **Re Cert:**      Member to send original to DIRAUX for removal of REYR, Copy to SO-IS for entry into AUXDATA. Member should retain copy.