



SUPERVISION OF RE-CERTIFICATION FORM

Recreational Boating Safety Program Visitor (PV):

REF: AUXILIARY MANUAL, CHAPTER 8, SECTION B

I, _____, certify that _____
Printed name of Qualified Program Visitor Member Name Member Number

has successfully completed the following tasks:

Member has completed 2 Recreational Boating Safety visits under my supervision.

Member's Visits have been entered into AUXDATA with the Member listed as *Trainee*.

Member has completed the mandatory
VE/MDV workshop for the current year (*if required*) on _____
Date

Member is aware that in order to retain certification for this calendar year, he/she must
ADDITIONALLY complete the annual currency maintenance requirements by
performing 4 Recreational Boating Safety Visits, entered into AUXDATA
as lead.

Date Signature of Supervising PV or Elected Member

Following completion of the required tasks, the Qualified Program Visitor/Supervisor must complete, sign, and forward this form to the Director of Auxiliary at which time the member will be removed from REYR. Member is authorized to conduct Visits only as a Trainee until they have been removed from REYR in the system.

**Director of Auxiliary
17th Coast Guard District
P O Box 25517
Juneau, AK 99802-5517
FAX: 907-463-2820**

NOTE: THIS FORM SHOULD NOT BE SENT TO THE DIRECTOR UNTIL ALL NECESSARY TASKS HAVE BEEN SUCCESSFULLY COMPLETED AND MEMBER IS READY TO BE REMOVED FROM REYR!