



SUPERVISION OF RE-CERTIFICATION FORM

Auxiliary Vessel Examiner (VE):

REF: AUXILIARY MANUAL, CHAPTER 8, SECTION B

I, _____, certify that _____
Printed name of Qualified Vessel Examiner Member Name Member Number

has successfully completed the following tasks:

Member has completed 2 Vessel Safety Checks/Facility Inspections under my supervision.

Member's VSCs 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 5 Vessel Safety Checks/Facility Inspections, entered into AUXDATA
as lead.

Date Signature of Supervising VE or Elected Member

Following completion of the required tasks, the Qualified Vessel Examiner/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 Vessel Safety Checks 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!