

# QUALIFICATION AND RE-CERTIFICATION

Select Qualification or Re-Qualification: Basic, Instructor, Vessel Examiner, Program Visitor

**Member ID:** \_\_\_\_\_ **Member Name:** \_\_\_\_\_ **Flotilla:** \_\_\_\_\_

- Boating Safety Course-** Proof of completion of a NASBLA approved boating safety course is attached or already on file.
- Mandated Training Complete-** verified in auxdata.

- INSTRUCTOR (IT) – INITIAL QUALIFICATION –** Attach Certification for Instructor form.
- INSTRUCTOR (IT) RE-CERTIFICATION** (Requires activity in past 5 years): Teach 2 hours or Assist for 4 hours
- | Member ID | Member Name (Print) | Member Signature | IT Date | Assist Date | Hours |
|-----------|---------------------|------------------|---------|-------------|-------|
| _____     | _____               | _____            | _____   | _____       | _____ |
| _____     | _____               | _____            | _____   | _____       | _____ |
| _____     | _____               | _____            | _____   | _____       | _____ |
| _____     | _____               | _____            | _____   | _____       | _____ |

- VESSEL EXAMINER (VE) – INITIAL QUALIFICATION** - Exam Score = \_\_\_\_\_%
- I certify that the above named member has completed the following VSCs under my supervision:  
(Total five (5) VSCs to be completed by a Certified VE.)
- | Member ID | Member Name (Print) | Member Signature | VSC Date | Registration/<br>Documentation No. |
|-----------|---------------------|------------------|----------|------------------------------------|
| _____     | _____               | _____            | _____    | _____                              |
| _____     | _____               | _____            | _____    | _____                              |
| _____     | _____               | _____            | _____    | _____                              |
| _____     | _____               | _____            | _____    | _____                              |

- VESSEL EXAMINER (VE) – RE-CERTIFICATION** (Requires VE activity in past 5 years.) I certify that the above named member has completed the following VSCs under my supervision: (Total two (2) VSCs to be completed by a Certified VE.)
- | Member ID | Member Name (Print) | Member Signature | VSC Date | Registration/<br>Documentation No. |
|-----------|---------------------|------------------|----------|------------------------------------|
| _____     | _____               | _____            | _____    | _____                              |
| _____     | _____               | _____            | _____    | _____                              |

- PROGRAM VISITOR (PV) – INITIAL QUALIFICATION** – Exam Score = \_\_\_\_\_%
- I certify that the above named member has completed the following PVs under my supervision:  
(Total two (2) PVs to be completed by a Certified PV)
- PROGRAM VISITOR (PV) – RE-CERTIFICATION** (Requires PV activity in past 5 years.)  
I certify that the above named member has completed the following PV under my supervision:  
(Total two (2) PVs to be completed by a Certified PV.)
- | Member ID | Member Name (Print) | Member Signature | PV Date | Location |
|-----------|---------------------|------------------|---------|----------|
| _____     | _____               | _____            | _____   | _____    |
| _____     | _____               | _____            | _____   | _____    |

**FC Member ID:** \_\_\_\_\_ **FC Name:** \_\_\_\_\_

I have reviewed the pertinent documents and attest that the member named above has successfully completed all requirements for qualification/re-certification as shown above.

**Signature of Flotilla Commander:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Submit to DirAux office via email: [D11-SMB-D11AUX-South@uscg.mil](mailto:D11-SMB-D11AUX-South@uscg.mil)*

**For Office use only.**  
**AuxData entry (name/date)** \_\_\_\_\_ **Certificate prepared (initial qual) (name/date)** \_\_\_\_\_

INSTRUCTIONS FOR COMPLETING Q/R FORM 5-16  
**QUALIFICATION AND RE-CERTIFICATION**

This form may be completed on the computer signed, scanned and emailed to Director's Office at **D11-SMB-D11AUX-SOUTH@uscg.mil** for certification and entering into AUXDATA.

**BOATING SAFETY COURSE/ MANDATED TRAINING**

- Member has completed a NASBLA approved (minimum 8 hr, other than youth specific) boating safety course. Certificate attached if not submitted previously.
- Member has completed/is current on all mandated training per auxdata.

**Other than top line to identify candidate, all remaining names/member numbers/signatures on this form should be for the QUALIFIED individual and FC. Additionally, for all competencies below, member should already have completed online testing or taken paper test.**

**INSTRUCTOR PROGRAM (IT)**

For initial instructor qualification use Appendix B, page 6 of Instructor Development Course, Student guide

**INSTRUCTOR RE-CERTIFICATION (IT) *Requires some activity in the past 5 years***

A certified instructor must complete the Instructor (IT) Re-certification information.

**VESSEL EXAMINER (VE) INITIAL QUALIFICATION:**

The certified vessel examiner(s) should complete the five exams given under their supervision.

**VESSEL EXAMINER (VE) RE-CERTIFICATION: (Requires VE activity in the past 5 years)**

The certified vessel examiner(s) should complete the two exams given under their supervision.

**PROGRAM VISITOR (PV) INITIAL QUALIFICATION:**

The certified program visitor(s) should complete the two visits performed under their supervision.

**PROGRAM VISITOR (PV) RE-CERTIFICATION:**

A certified program visitor should complete the required visit information of the visit performed

**The bottom section of the form is to be completed by the Flotilla Commander and sent to the DIRAUX Office for certification of the member and entry into AUXDATA prior to the member being able to perform subsequent missions.**

**Email to [D11S-SMB-D11AUX-SOUTH@uscg.mil](mailto:D11S-SMB-D11AUX-SOUTH@uscg.mil) or mail to:**

**Commander (dpa-s)  
Eleventh Coast Guard District  
1001 S Seaside Ave. Bldg 34  
San Pedro, CA 90731-7391**