



## APPENDIX A

### Initial Checkride and Third Year Evaluation/Recertification Checklist

**Member Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Dist:** \_\_\_\_\_ **Div:** \_\_\_\_\_ **Flotilla:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The FC, FSO-OP or FSO-MT shall complete the appropriate sections below and provide it to the member for review and member’s signature. Once this form has been reviewed and signed by the member, the FC, FSO-OP or FSO-MT may submit a request for a QE using the QE Request Form in [Appendix B](#) to the AQEC or CQEC (as applicable) who may assign a QE.

**Please indicate most recent completed date (as applicable) for checkride being requested.**

PREREQUISITES	CREW		COXSWAIN		PWO	
	<input type="checkbox"/> Initial <sup>√</sup> Ride	<input type="checkbox"/> 3YR or Recert	<input type="checkbox"/> Initial <sup>√</sup> Ride	<input type="checkbox"/> 3YR or Recert	<input type="checkbox"/> Initial <sup>√</sup> Ride	<input type="checkbox"/> 3YR or Recert
Completion of applicable PQS						
Personal Physical Fitness and Vision BCM-02-02						
Risk Mgt TCT Refresher (within 15 months)						
OPS Workshop (if mandatory in current year)						
Navigation Rules: Initial – NAV 70. Recert – NAV 95 (within 5 years)						
AUXCT – Core Training Current (Not in REYR)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual Underway Hours and Currency Task Current (Member not in REYR)		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Member Print Name:</b>	<b>Member Signature:</b>	Date:
<b>FC or FSO-OP or FSO-MT Print Name:</b>	<b>FC or FSO-OP or FSO-MT Signature:</b>	Date:
<b>AQEC Print Name:</b>	<b>AQEC Signature:</b>	Date:



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**APPENDIX C**  
**Auxiliary Boat Crew Program Qualification Letter**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print QE Name)

To: Operations Training Officer, District: \_\_\_\_\_

Via: \_\_\_\_\_ Area: \_\_\_\_\_  
(Print AQEC)

Subject: TASK COMPLETION (Check one)  CREW /  COXSWAIN /  PWC OPERATOR

Member completed Nighttime certification requirements (Check one):  YES/ NO

\_\_\_\_\_  
(Print Member's Name) (Member's 7-digit Number) (Division & Flotilla)

\_\_\_\_\_  
(QE's Signature) (Date Completed)

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**FIRST ENDORSEMENT**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print AQEC) Area: \_\_\_\_\_

To Operations Training Officer, \_\_\_\_\_

Forwarded for certification and entry into AUXDATA II. A check of my records indicates all tasks for this qualification have been completed.

\_\_\_\_\_  
(AQEC's Signature)

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**SECOND ENDORSEMENT**

Date: \_\_\_\_\_

From Operations Training Officer, \_\_\_\_\_

To: \_\_\_\_\_  
(Member's Name)

I approved and certified as a  CREW /  COXSWAIN /  PWC Operator in the USCG Auxiliary Boat Crew Program.  
(Check one)

Member certified night in AUXDATA II (Check one):  YES/  NO

\_\_\_\_\_  
(OTO's Signature)

Copy: Member's AUXDATA file



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## ENCLOSURE (1)

### Underway Three-Year Evaluation/Recertification Checkride: CREWMEMBER

<b>Reference</b>	<ul style="list-style-type: none"> <li>a. Auxiliary Boat Crew Qualification Handbook – ABQH 16794.52 (series)</li> <li>b. Auxiliary Training Handbook-Boat Crew, ATH 16794.51 (series)</li> <li>c. Standardization Evaluation Drill Sheets</li> <li>d. Boat Crew Handbook – Boat Operations, BCH16114.1 (series)</li> <li>e. Boat Crew Handbook - Rescue and Survival Procedures, BCH 16114.2 (series)</li> <li>f. Boat Crew Handbook – Navigation and Piloting, BCH16114.3 (series)</li> <li>g. Boat Crew Handbook – Seamanship Fundamentals, BCH16114.4 (series)</li> <li>h. Boat Crew Handbook – First Aid, BCH 16114.5 (series)</li> <li>i. District Standard Operating Procedures, Policy Manuals, and other local Instructions</li> </ul>
<b>Conditions</b>	Performed triennially while underway on an Auxiliary Facility in calm sea conditions. Member must accomplish task without prompting or use of a reference.
<b>Standards</b>	In response to the QE and as directed by the coxswain, trainee must answer questions on, and perform the below listed evolutions as the crewmember.
<b>(Note 1)</b>	<b>The nighttime portion of the Three-Year Evaluation is optional for members that are certified for night operations. If the QE elects to evaluate night certified members at night, Performance Criteria #09, and #10 must be part of the QE checkride.</b>

NAME: _____		Member Number: _____
Sea/Wx Conditions: _____		Facility size/type: _____
Performance Criteria	Completed (Initials)	
1. Ensure TASK BCM-02-02-AUX in reference (a): Personal Physical Fitness and Vision has been completed and/or updated every three years.	_____	
2. Assist coxswain with a pre-underway check-off.	_____	
3. Participate in a pre-underway brief, including use of TCT/RM.	_____	
4. Correctly don a PFD and demonstrate an understanding of the use of personnel survival equipment. (Ensure PLB monthly testing has been completed).	_____	
5. Demonstrate proficiency and safety in line handling. To include: <ul style="list-style-type: none"> <li>a. Getting underway.</li> <li>b. Mooring (to include proper usage and placement of fenders).</li> <li>c. Towing</li> </ul>	_____	
6. Demonstrated properly securing the facility for sea.	_____	
7. Stand an alert helm watch, with the correct responses to the coxswain’s commands.	_____	
8. Stand an alert lookout watch, correctly report distance and relative bearings of objects and sounds encountered.	_____	
9. <b>(Note 1)</b> Correctly responded to a Man-Overboard drill, and safely recovered a simulated PIW in accordance with the Man Overboard (MOB) evaluation drill sheet found in <a href="https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets">https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets</a> .	Day: _____ <b>OR</b> Night: _____	



NAME: _____		Member Number: _____	
Sea/Wx Conditions: _____		Facility size/type: _____	
Performance Criteria		Completed (Initials)	
10. <b>(Note 1)</b> Perform as a Crewmember during a Navigation and Piloting Exercise in accordance with TASK BCM-08-02-AUX and the Navigation evaluation drill sheet found in <a href="https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets">https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets</a>		Day: _____ <b>O R</b> Night: _____	
11. Demonstrate proficiency and safety while performing duties during a stern tow and an alongside tow in accordance with the TOWING evaluation drill sheet found in <a href="https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets">https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets</a> .		_____	
12. Correctly and safely respond to an onboard fire in accordance with the Onboard Fire evaluation drill sheet found in <a href="https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets">https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets</a>		_____	
13. Correctly and safely respond to a facility grounding in accordance with the Grounding evaluation drill sheet found in <a href="https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets">https://wow.uscgaux.info/content.php?unit=R-DEPT&amp;category=standardized-drill-sheets</a>		_____	
14. Correctly make a scheduled OPS and Position report, on the facility’s VHF-FM radiotelephone.		_____	
15. Satisfactorily evaluated/re-evaluated TCT/RM throughout each Performance Criteria, as needed.		_____	
16. Satisfactorily answer QEs questions on policies and procedures. Questions should pertain to knowledge required by the above qualification tasks.		_____	

**Accomplished:**

**Qualification Examiner’s**

**Signature:**

**NOTE**

**Date:** \_\_\_\_\_

Comments should be made in detail. Tasks that were not performed to standards (S) require specific comments addressing what the deficiencies were and why, and what corrective action must be taken to be successful at the next check ride. The QE shall initial on the line by the task that was successfully accomplished during the check ride they evaluated and then sign on the “Signature” and “Date” line.  
For **successful checkrides**, refer to the Auxiliary Training Handbook-Boat Crew, ATH 16794.51 (series), Chapter 7, Section E, Paragraph E.7. for required documentation to submit to the Operation Training Officer (OTO).  
For **unsuccessful checkrides**, refer to the Auxiliary Training Handbook-Boat Crew, ATH 16794.51 (series), Chapter 7, Section E, Paragraph E.6.

**Comments:**

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