



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 [√] Ride	<input type="checkbox"/> 3YR or Recert	<input type="checkbox"/> Initial [√] Ride	<input type="checkbox"/> 3YR or Recert	<input type="checkbox"/> Initial [√] 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

Member Print Name:	Member Signature:	Date:
FC or FSO-OP or FSO-MT Print Name:	FC or FSO-OP or FSO-MT Signature:	Date:
AQEC Print Name:	AQEC Signature:	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)

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)

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 (2)

Underway Three-Year Evaluation/Recertification Checkride: COXSWAIN

- Reference**
- a. Auxiliary Boat Crew Qualification Handbook – ABQH 16794.52 (series)
 - b. Auxiliary Training Handbook-Boat Crew, ATH 16794.51 (series)
 - c. Standardization Evaluation Drill Sheets
 - d. Boat Crew Handbook – Boat Operations, BCH16114.1 (series)
 - e. Boat Crew Handbook - Rescue and Survival Procedures, BCH 16114.2 (series)
 - f. Boat Crew Handbook – Navigation and Piloting, BCH16114.3 (series)
 - g. Boat Crew Handbook – Seamanship Fundamentals, BCH16114.4 (series)
 - h. Boat Crew Handbook – First Aid, BCH 16114.5 (series)
 - i. District Standard Operating Procedures, Policy Manuals, and other local Instructions

Conditions Performed triennially while underway on an Auxiliary Facility in calm sea conditions. Member must accomplish task without prompting or use of a reference.

Standards In response to the QE and being overseen by the Coxswain, the trainee must answer questions on, and perform the below listed evolutions, for the Coxswain position.

(Note 1) **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 #08, and #09 must be part of the QE checkride.**

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. Conducted a pre-underway check off and confirmed the facility was within its stated operational limitations to perform the assigned mission.	_____
3. Conducted a pre-underway brief. Assessed crewmembers physical capabilities to perform mission, discussed safety issues, such as: <ol style="list-style-type: none"> a. Wearing of jewelry. b. Risk Management/TCT. c. Effective Communication. 	_____
4. Ensured use of proper PPE and proper uniform. (Ensure PLB monthly testing has been completed).	_____
5. Ensured proper usage and wearing of the Engine Cutoff Switch (ECOS), if installed	_____
6. Efficiently and safely handled the facility and communicated effectively with the crew while getting underway.	_____
7. Assigned lookout watch(es) and verified the safety of the facility based on the reports made by lookout.	_____
8. (Note 1) Perform a Navigation and Piloting Exercise in accordance with Navigation Evaluation Drill Sheet sheet found in https://wow.uscgaux.info/content.php?unit=R-DEPT&category=standardized-drill-sheets	Day: _____ OR Night: _____



NAME: _____		Member Number: _____	
Sea/Wx Conditions: _____		Facility size/type: _____	
Performance Criteria		Completed (Initials)	
9. (Note 1) 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 https://wow.uscgaux.info/content.php?unit=R-DEPT&category=standardized-drill-sheets		Day: _____ O R Night: _____	
10. Perform a TOW in accordance with TOWING Evaluation Drill Sheet sheet found in https://wow.uscgaux.info/content.php?unit=R-DEPT&category=standardized-drill-sheets .		_____	
11. Correctly execute ONE of the following precision search patterns in accordance with Search Pattern (Precision) Evaluation Drill Sheet sheet found in https://wow.uscgaux.info/content.php?unit=R-DEPT&category=standardized-drill-sheets . a. Parallel (PS), Three legs (minimum) b. Creeping Line (CS), Three legs (minimum) c. Track Line Non-Return (TSN), In its entirety d. Track Line Return (TSR), In its entirety OR Correctly execute ONE of the following drifting search patterns in accordance with Search Pattern (Drifting) Evaluation Drill Sheet sheet found in https://wow.uscgaux.info/content.php?unit=R-DEPT&category=standardized-drill-sheets a. Sector Search (VS). In its entirety b. Expanding Square (SS). Five legs (minimum) One of the Search Patterns above shall be performed by the Coxswain, based on appropriateness of the patterns for the type of facility and the needs of the operating area.		_____	
12. Correctly and safely respond to an onboard fire in accordance with the Onboard Fire evaluation drill sheet found in https://wow.uscgaux.info/content.php?unit=R-DEPT&category=standardized-drill-sheets		_____	
13. Correctly and safely respond to a facility grounding in accordance with the Grounding evaluation drill sheet found in https://wow.uscgaux.info/content.php?unit=R-DEPT&category=standardized-drill-sheets		_____	
14. Kept the controlling unit informed of mission operations and conducted scheduled Position and Ops Normal Reports.		_____	
15. Operated boat IAW Navigation Rules and Regulations.		_____	
16. Satisfactorily evaluated/re-evaluated TCT/RM throughout each Performance Criteria, as needed.		_____	
17. Efficiently and safely moored the facility.		_____	
18. Satisfactorily answered QEs questions on policies and procedures. Questions are limited to knowledge required by the qualification guide tasks, (e.g. engine casualties, SAR organization and responsibilities, MSAP, salvage policy, patrol commander's duties).		_____	



NAME: _____	Member Number: _____
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Accomplished:

**Qualification Examiner's
Signature:**

Date: _____

NOTE 

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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