

# Appendix F Third Year Currency Maintenance

DATE: \_\_\_\_\_

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

Dist: \_\_\_\_\_ Div: \_\_\_\_\_ Flotilla: \_\_\_\_\_

**Ref: (a) Auxiliary Boat Crew Training Manual, COMDTINST M16794.51 (series)**

*Verification of required underway hours and Navigation Rules testing must be completed by the FSO-IS prior to requesting a Qualification Examiner. QE is to submit the completed form and appropriate enclosure to the OTO for review/approval and entry into AUXDATA.*

**The above named Auxiliarist has demonstrated in my presence that they are physically and mentally capable of performing the currency maintenance requirements as marked below.**

***COXSWAIN***

Current Nav-Rules Test _____ (Date Completed)	Not in REYR for Underway Hours _____	FSO-IS Signature _____
Enclosure (1) of Ref (a) _____ Month / Year	Q.E. Print Name _____	Q.E. Signature _____

***CREW***

Not in REYR for Underway Hours _____	FSO-IS Signature _____	
Enclosure (2) of Ref (a) _____ Month / Year	Q.E. Print Name _____	Q.E. Signature _____

***PWC OPERATOR***

Current Nav-Rules Test _____ (Date Completed)	Not in REYR for Underway Hours _____	FSO-IS Signature _____
Enclosure (3) of Ref (a) _____ Month / Year	Q.E. Print Name _____	Q.E. Signature _____

Reviewed / Approved \_\_\_\_\_ OTO Signature \_\_\_\_\_ Date \_\_\_\_\_ AUXDATA \_\_\_\_\_ Date Entered \_\_\_\_\_