

Appendix G QE Request Form

From: _____
(FC/FSO-MT/BCTC/SO-MT)

To: _____
(Area QE Coordinator)

AQEC Phone No.: _____

Area: _____ Date: _____

I am requesting a QE for the following purpose:

Nav Rules Testing: _____	Operational Excellence: _____
Crew Oral: _____	Coxswain Oral: _____
PWC Oral: _____	Crew Underway: _____
Coxswain Underway: _____	PWC Underway: _____
Third Year Crew: _____	Third Year Coxswain: _____
Third Year PWC: _____	

The requested time and date is: _____

Alternate time and date: _____

Requesting Division/flotilla: _____ Number of candidates: _____

Please list candidate names, EMPLID Number, and Division/Flotilla below:

NAME	EMPLID NO.	DIV / FLTA

The Record of completed tasks displays mentor signatures and dates for each task.
The candidate has completed all reading assignments and exercises.
Candidates name and mentor signature and date appear on each task as required.
Candidate possesses proof of completion of special tasks (Nav-Rules, etc.)
Candidate has been trained to the standards set forth in the appropriate publication.
FSO-IS has verified that member is not in REYR for Underway Hours.

NAME OF PERSON MAKING REQUEST

DATE