

# Appendix C U. S. Coast Guard Auxiliary Boat Crew Program Qualification Letter

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

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

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

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

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

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

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## FIRST ENDORESMENT

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

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

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

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

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

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## SECOND ENDORESMENT

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.  
(Circle one)

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

Copy: Member's file