

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	EMPLOYEE ID	DIVISION/FLOTILLA

- 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