

# REQUEST FOR VESSEL EXAMINER CERTIFICATION

## Vessel Examiner (VE):

I, \_\_\_\_\_, \_\_\_\_\_,  
Printed Name of Qualified VE Qualified VE Member Number

certify that \_\_\_\_\_, \_\_\_\_\_  
Printed Member Name Flotilla and Member Number

has successfully completed the on-line Vessel Examiner examination (or written exam/copy attached) with a passing score of 90%, is BQ, and has completed the following tasks:

\_\_\_\_\_  
(VE Initials) Member has satisfactorily conducted 5 Vessel Safety Checks (VSC's) and/or facility inspections under my observation.

\_\_\_\_\_  
(VE Initials) Member has completed the mandatory VE/MDV workshop for the current year. If no mandatory workshop, no entry required.

\_\_\_\_\_  
(Date workshop completed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Qualified VE)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of DSO-VE)

Following completion of the required supervised tasks, the Qualified VE must complete, sign, and forward this form to the DSO-VE. The DSO-VE will then forward the form to the Director of Auxiliary for Certification.

**Director of Auxiliary (dpa)  
Thirteenth Coast Guard District  
915 Second Ave  
Seattle WA 98174-1067**

**NOTE: THIS FORM SHOULD NOT BE SENT TO DIRAUX UNTIL THE ABOVE TASKS HAVE BEEN SUCCESSFULLY COMPLETED!**

\_\_\_\_\_  
(CERTIFICATION APPROVAL DATE)

\_\_\_\_\_  
(DIRAUX AUTHORIZED SIGNATURE)