



SUPERVISION OF CERTIFICATION FORM

Recreational Boating Safety Program Visitor (PV):

I, _____, certify that _____
Printed name of Qualified Program Visitor Member Name Member Number

has successfully completed the following tasks:

Member is Basically Qualified (BQ) in the AUXDATA System having passed a NASBLA approved boating safety course (Please confirm with your IS Officer).

Member has completed the on-line open-book exam portion of the Program Visitor Course on _____
Date

Member has satisfactorily assisted in conducting two (2) visits for initial qualification as a Recreational Boating Safety Program Visitor at the following establishments:

(1) _____

(2) _____

Member's Trainee Visits have been entered into AUXDATA.

Member has completed the mandatory VE/MDV workshop (*if required*) for the current year on _____
Date

Date Signature of Qualified Program Visitor

Following completion of the required supervised tasks, the Qualified Program Visitor must complete, sign, and forward this form to the Director of Auxiliary at which time the Member will be entered into AUXDATA as a qualified Auxiliary Program Visitor. Member is authorized to do Visits only as a Trainee until their qualification has been entered into the system.

**Director of Auxiliary
17th Coast Guard District
P O Box 25517
Juneau, AK 99802-5517**

FAX: 907-463-2820

NOTE: THIS FORM SHOULD NOT BE SENT TO THE DIRECTOR UNTIL THE ABOVE TASKS HAS BEEN SUCCESSFULLY COMPLETED!