

**SURFACE OPERATIONS
RE-CERTIFICATION**

Member ID: _____ Member Name: _____
(Print Name)

My certification is in **REYR** or **RWRK**

I have completed the requirements for recertification as indicated below.

Member Signature: _____

The purpose of this form is to notify DIRAUX that you have completed requirement(s) to have REYR/REWK removed from your certification noted below. Be certain that all hours, workshops, classes, etc. have been recorded in AUXDATA showing your hours as Trainee prior to submitting this form to DIRAUX.

___ **BOAT CREW** Currency requirements: Place a check next to those items needed for currency.

- ___ 12 hours underway @ year
- ___ 8-hour TCT @ 5 years
- ___ 1-hour TCT @ year
- ___ ICS Required Courses
- ___ OPS Workshop @ year
- ___ QE Check Ride @ 3 years

___ **BOAT COXSWAIN** Place a check next to those items needed for currency.

- ___ 12 hours underway @ year
- ___ 8-hour TCT @ 5 years
- ___ 1-hour TCT @ year
- ___ ICS Required Courses
- ___ OPS Workshop @ year,
- ___ NAV Rules @ 5 years
- ___ QE Check Ride @ 3 years

___ **PERSONAL WATERCRAFT (PWC) OPERATOR**

Place a check next to those items needed for currency.

- ___ 12 hours underway @ year
- ___ 8-hour TCT @ 5 years
- ___ 1-hour TCT @ year
- ___ ICS Required Courses
- ___ OPS Workshop @ year
- ___ NAV Rules @ 5 years
- ___ QE Check Ride @ 3 years

I have verified that the above information is in AUXDATA as of _____
(Date)

SO/FSO-IS _____ (Signature) _____
(Print Name)

MAIL TO: Director of Auxiliary, District 11NR, Building 50-2, Coast Guard Island, CA 94501-5100