

**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