



U.S. Coast Guard Auxiliary Marine Safety Device Application and Check-off Sheet

1. Personal Information:

Last Name, First, MI _____
Employee Number _____ Member District – Division - Flotilla _____

2. Documentation of completion of Trident training program:

<u>Course</u>	<u>Date Completed</u>
Introduction to Marine Safety (IMSEP)	_____
Good Mate Manual and Course	_____
Incident Command System (ICS 100)	_____
Incident Command System (ICS 200)	_____
National Incident Management System (IS 700)	_____
Introduction to the National Response Plan (IS 800)	_____
Initial Indoctrination to Marine Safety (IIMS)	_____

3. Completion of at least four marine safety qualifications/PQs (attach copy of Letter of Designation for each professional area):

- A. _____
- B. _____
- C. _____
- D. _____

4. Service in support of marine safety and environmental protection program (Minimum 96 hours per calendar year):

Year	MS&MSP Hours as Recorded in AUXMIS/AUXDATA

Recommendation for Conditional award from COTP (attach copy of letter) _____

5. DSO-MS Endorsement: “I have reviewed the information provided. It is complete and accurate. I recommend issuance of the Auxiliary Marine Safety Device.”

Name of DSO-MS: _____
Signature and Date: _____

INSTRUCTIONS: This form is to be completed by the member and is a part of the Application. DSO-MS shall review and endorse and, if found satisfactory, forward to DIRAUX, Attn: OTO, for entry in Member’s Record and processing of the award.

6. APPROVAL by DIRAUX: “I have reviewed the information presented and concur that it is complete and accurate. I hereby approve this Award and have instructed that this award be entered into the member’s record.

Name, rank and District of DIRAUX: _____

DIRAUX signature and Date: _____