

# U.S. Coast Guard Auxiliary

## Marine Safety Training Ribbon 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:

Course Date Completed w/attached copies of course completion documents

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. DSO-MS Endorsement: "I have reviewed the information provided. It is complete and accurate. I recommend issuance of the Auxiliary Marine Safety Training Ribbon."

Name of DSO-MS: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

4. APPROVAL by DIRAUX

DIRAUX 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 APPROVAL and entry in Member's Record and processing of the award.