

REQUEST FOR QE

Date Requested: _____ / _____ / _____

Dockside Examination		On the water check ride	
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To: Dave Esparza, QE Coordinator
E-Mail: bravohotel@juno.com
728 E. Brooks Street
Chandler, AZ 85225
H: 480-899-3373 C: 602-550-5530
 Fax # 480-899-3373 (call first to fax)

When and where is the QE to meet the Candidates

Date: _____
Time: _____
Where: _____

(To be filled out by FC, FSO-MT or FSO-OP)

Person Requesting QE _____ Call back number _____ E-MAIL Address _____ FAX # _____	POC _____ Ph. # _____ E-Mail _____ FAX # _____
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If Point Of Contact the same, put SAME

Candidate information

Fill in or place an "X" in the appropriate boxes

Last Name, First Initial	Div	Flot	Member #	Crew	PWC Operator	Cox.	New	5th Year

To be filled out by QE Coordinator.

QE(s) Assigned to Duty:

1. _____ 2. _____

US COAST GUARD AUXILIARY 11SR QE AFTER ACTION REPORT

Filled out by QE

Aux Vessel Id # _____ Patrol # _____ Facility Check Sheet _____
 Date of Patrol _____ Patrol Time _____ Patrol Area _____

After Action Report / Amplifying Information:

QE # _____ QE Signature _____ Date: _____