

REQUEST FOR QE

Date Requested:		Dockside Examination		On the water check ride	
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To: Robert McKoy, QE Coordinator When and where is the QE to meet the Candidates

R_McKoy@tridentmaritime.com

2918 Big Creek Lane

Ontario, CA 91761

C: 949-375-1814

Date:

Time:

Where:

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

Person Requesting QE		POC	same
Call back number		Ph. #	
E-MAIL Address		E-Mail	
FAX #		FAX #	

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	3 Year

To be filled out by QE Coordinator.

QE(s) Assigned to Duty:

1. _____	2. _____
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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:	
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