

Appendix H QE Application Form

NAME	
ADDRESS	
MBR NO.	
H. PH:	
W. PH:	
C. PH:	
e-mail	

DIST.:		DIV.:		FLTA.:	
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EXPERIENCE (YEARS)					
MBR	CRW	COX	PWC	IT	W/S

OPERATIONAL HOURS						
	Last Year	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago	YEAR OF LAST TCT
COX						
CREW						
PWC						
IT						
W/S						

YEAR QUALIFIED						
AUXOP	AUXCOM	AUXPAT	AUXSAR	AUXSEA	AUXNAV	AUXWEA

AUX. OFFICES HELD	
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OTHER JOBS & SKILLS	
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**By signing below the applicant acknowledges the time commitment required to
be a QE**

APPLICANT'S SIGNATURE	DATE

	REVIEWING SIGNATURES	DATE	APPROVED
DCO			YES/NO
ACQE			YES/NO
BCAB/CQE			YES/NO

**Please attach a page explaining why you want to be a Boat Crew Program
Qualification Examiner (QE)**