

VOLUNTARY REMOVAL OF CERTIFICATION

I, _____, _____ voluntarily request that
(Printed Name) (Member Number)
the certifications for which I am qualified be removed from my record. I understand that if in the future I elect to become re-certified, I will be required to complete the initial certification. I also understand that I may continue to wear any ribbons, medals or devices for the qualification currently being removed.

Initial all that apply:

(Initial) BOAT CREW CREWMEMBER

(Initial) BOAT CREW COXSWAIN

(Initial) DOWNGRADE FROM COXSWAIN TO CREWMEMBER

(Initial) PERSONAL WATERCRAFT OPERATOR

(Initial) PADDLE CRAFT OPERATOR

(Initial) AID TO NAVIGATION VERIFIER

(Initial) INSTRUCTOR

(Initial) VESSEL EXAMINER

(Initial) COMMERCIAL FISHING VESSEL EXAMINER

(Initial) RECREATIONAL BOATING SAFETY VISITOR

(Initial Only One) AIR OBSERVER _____ (Initial Only One) CREW _____ (Initial Only One) FIRST PILOT _____ (Initial Only One) CO-PILOT _____ (Initial Only One)

(Initial Only One) A/C COMMANDER _____ (Initial Only One)

(Initial) DOWNGRADE AIR _____ TO AIR _____

OTHER: (List) _____

(Member Signature)

(Flotilla Commander Signature)

(DSO Signature)

Instructions: Print name and member number. Initial qualification(s) that apply. After member and Flotilla Commander sign, send to appropriate DSO. DSO will sign and send to DIRAUX.