

**REQUEST FOR RECREATIONAL BOATING SAFETY VISITOR
PROGRAM CERTIFICATION**

Recreational Boating Safety Visitor (RBSV):

I, _____, _____,
Printed Name of Qualified RBSV RBSV Member Number

certify that _____,
Printed Member Name Flotilla and Member Number

has successfully completed the on-line Recreational Boating Safety Visitor examination (or written exam/copy attached) with a passing score of 90 %, is BQ, and has completed the following tasks:

_____ Member has performed 2 practice visits under my supervision.
(RBSV Initials)

_____ Member has completed the mandatory VE/MDV workshop for the current year. If no
(RBSV Initials) mandatory workshop, no entry required.

(Date workshop completed)

(Date)

(Signature of Qualified RBSV)

(Date)

(Signature of DSO-PV)

Following completion of the required supervised tasks, the Qualified RBSV must complete, sign, and forward this form to the DSO-PV. The DSO-PV will then forward the form to the Director of Auxiliary for Certification.

**Director of Auxiliary (dpa)
Thirteenth Coast Guard District
915 Second Ave
Seattle WA 98174-1067**

NOTE: THIS FORM SHOULD NOT BE SENT TO THE DIRAUX UNTIL THE ABOVE TASKS HAVE BEEN SUCCESSFULLY COMPLETED!

(CERTIFICATION APPROVAL DATE)

(DIRAUX AUTHORIZED SIGNATURE)