Fifth Northern Auxiliary
Instructor, Vessel Examiner, Program Visitor
Initial Qualification Verification Form

DATE: __________________

TO: DIRAUX

FROM: FC ________________________ FLOTILLA: 053 - ____________

SUB: INITIAL QUALIFICATION VERIFICATION

REF: (a) D5NR POLICY MANUAL, D5NRINST M16790.1C

1. Auxiliarist ___________________________ EMPLID: ____________
   a) All criteria has been met to be qualified as: IT VE PV (Circle One)

2. I have verified with the SO-IS that all appropriate AUXDATA entries have been made to reflect the required task(s) for program completion.

________________________________________

ENDORSEMENT

FC SIGNATURE: ____________________________

Enclosure: Paper Test (only if applicable)