



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.**

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**ENDORSEMENT**

**FC SIGNATURE:** \_\_\_\_\_

**Enclosure: Paper Test (only if applicable)**