

To be filled out by Screening Committee Chairman

Division / Flotilla: _____

Date of Election: _____

- 1. Election for (circle as applicable): DCDR / VCDR FC / VFC
- 2. Screening Committee Chairman Name and Title: _____
 - a. Screening Committee Chairman certifies that all nominees have met the current requirements.
 - b. If no eligible members ran for office, a written waiver was requested, routed and obtained from DIRAUX **PRIOR** to election:
Yes / No (**copy of waiver presented to Presiding Officer**)

Screening Committee Chairman (sign/date)

To be filled out by Presiding Officer

- 3. Quorum present at the meeting? Yes / No (Quorum is 25% of total number of members in respective unit)

Number of members to meet quorum: _____ Number of members present: _____

Total eligible to vote: _____ (Majority to elect = 1 + 50% of eligible voting members present)
- 4. Nominations called for from the floor? Yes / No 5. All provisions of the unit's Standing Rules met? Yes / No
- 6. Names of persons nominated by the committee:

DCDR / VCDR: _____

FC / VFC: _____
- 7. Names of persons nominated from the floor:

DCDR / VCDR: _____

FC / VFC: _____
- 8. Confirm that all nominees meet election eligibility criteria or have appropriate waiver granted. Without waiver when needed, nominees are not eligible for election.
- 9. Names of tellers: _____
- 11. Results of the election (name and EMPLID): (PRINT)

For DCDR / FC: _____ Member Number: _____

For VCDR / VFC: _____ Member Number: _____
- 12. I, as an elected officer of the Coast Guard Auxiliary and this election's Presiding Officer, certify that each item above is true and correct.

Presiding Officer Name and Title (print): _____ Member Number: _____

Presiding Officer sign/date: _____