

VOLUNTARY REQUEST FOR TERMINATION OF CERTIFICATION

United States Coast Guard Auxiliary District Five North

TO: DIRAUX	
FROM:	; ID FLOTILLA:
DATE:	·
COPY: FLOTILLA COMMAI	NDER
SUBMIT VIA: EMAIL TO gopy of this memo)	d05-smb-nrdiraux@uscg.mil subject: "Recertification REYR" path and attach a signed
I hereby request that DIR. BOAT CREW	AUX terminate, effective immediately, my certification in the following program(s).
COXSWAIN	
PERSONAL WATER	CRAFT OPERATOR
INSTRUCTOR	
PROGRAM VISITO)R
PUBLIC AFFAIRS	
VESSEL EXAMINE	R
OTHER PROGRAM	И (PLEASE DESCRIBE)
OTHER PROGRAM	И (PLEASE DESCRIBE)
will be required to compl	edge that should I wish to participate in one or more of these programs in the future that I lete all required training, tests and mentored activities as though I was never certified in the stem will remove all data indicating that I was ever certified.
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Form# D7-1 Rev 5nr 02/02/22	DIRAUX USE ONLY DATE RECEIVED: DATE COMPLETED:

Form originated from D7, thank you.

INSTRUCTIONS ON HOW TO COMPLETE THE REQUEST FOR VOLUNTARY TERMINATION OF CERTIFICATION

FROM: Write in your full name as it is shown in AUXDATA

ID: Write you member ID #

FLOTILLA: Write in the name and # of your flotilla (example: North Bay - 6-10)

DATE: Write in the current date (example: 05APR18)

CERTIFICATIONS: Put a check on the line of each of the certification(s) you wish to be removed from

OTHER: Write in the name of any certification that isn't listed on the form where you wish to be removed and place a check on the line.

SIGNATURE: Sign your name electronically (example: /S/John Smith) Make a copy of the

form to keep in your records.

Read and submit the form SUBMIT VIA: Email to d05-smb-nrdiraux@uscg.mil subject: "Recertification REYR" path and attach a signed copy of this memo.