

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CGAUX 11 (6-04)

U. S. COAST GUARD AUXILIARY
INSTRUCTOR QUALIFICATION RECORD

MEMBER NUMBER	LAST NAME	FIRST NAME & INITIAL
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I. Instructor Qualification Examination

DATE _____ GRADE _____ PROCTOR SIGNATURE _____

II. Flotilla Commander Certification

I hereby certify that the member named above has met the Instructor Qualification requirements, and is recommended for designation as an Instructor.

Signature _____ Date _____
Flotilla Commander DD/MM/YY

FOR DIRAUX USE ONLY

APPROVED FOR AUXMIS ENTRY

_____	QUALIFICATION DATE			
DIRAUX	M	M	Y	Y