

**Appendix B-6, Revised. Application for Award)**  
**U.S. Coast Guard Auxiliary**  
**Marine Safety Device Application and Check-off Sheet**



1. Personal Information:

Last Name, First, MI \_\_\_\_\_  
 Employee Number \_\_\_\_\_  
 Member District – Division - Flotilla \_\_\_\_\_

2. Documentation of completion of Trident training program:

<u>Course</u>	<u>Date Completed</u>
Introduction to Marine Safety (INTRO – MS/MEP)	_____
Advanced Course (ADV – MS/MEP) Components:	
1.) Good Mate Manual and Course	_____
2.) Incident Command System (ICS 100)	_____
3.) Initial Indoctrination to Marine Safety	_____

3. Completion of at least four marine safety qualifications/PQs (attach copy of Letter of Designation for each professional area):

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

4. Service in support of marine safety and environmental protection program:

Year	MS&MSP Hours as Recorded in AUXMIS/AUXDATA

Conditional award letter from COTP (attach copy of letter) \_\_\_\_\_

5. DSO-MS Endorsement: “I have reviewed the information provided. It is complete and accurate. I recommend issuance of the Auxiliary Marine Safety Device.”

Name of DSO-MS: \_\_\_\_\_  
 Signature and Date: \_\_\_\_\_

**INSTRUCTIONS:** This form is to be completed by the member and is a part of the Application. DSO-MS shall review and endorse and, if found satisfactory, forward to DIRAUX, Attn: OTO, for APPROVAL and entry in Member’s Record and processing of the award. Information copies should be sent to the FC, SO-MT and DSO-MT.

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6. APPROVAL by DIRAUX: "I have reviewed the information presented and concur that it is complete and accurate. I hereby approve this Award and have instructed that this award be entered into the members' record.

Name, rank and District of DIRAUX: \_\_\_\_\_

DIRAUX signature and Date: \_\_\_\_\_