U.S. Coast Guard Auxiliary
Marine Safety Insignia 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:

   Course                                      Date Completed
   Introduction to Marine Safety (IMSEP) (after 01 Oct 2010)
       Or IMSEP (before 01 Oct 2010) AND IIMS (IIMS no longer available)
   Good Mate Manual and Course
   Incident Command System (ICS 100)
   Incident Command System (ICS 200)
   Incident Command System (ICS210 or ICS300)
   National Incident Management System (IS 700)
   Introduction to the National Response Plan (IS 800)

3. Completion of at least four marine safety qualifications/PQSs from National Prevention website (attach copy of Letter of Designation and PQS booklet for each professional area): *No local PQSs count

   A. __________________________________________
   B. __________________________________________
   C. __________________________________________
   D. __________________________________________

4. Service in support of marine safety and environmental protection program (Minimum 96 hours per calendar year):

   Year                MS&MSP Hours as Recorded in AUXDATA
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   Recommendation from COTP for Conditional and Permanent award (attach copy of letter) ____________

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

   *Conditional award is for missing yearly hours only, everything else must be complete.

   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, for entry in Member’s Record and processing of the award.

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 member’s record.

   Name, rank and District of DIRAUX: ________________________________
   DIRAUX signature and Date: _______________________________________

Revised 03/16