

**United States Coast Guard Auxiliary
First Coast Guard District
Southern Region**

Commercial Fishing Vessel Application

Today's Date:

Name & Address:

Telephone Numbers:

Home _____

Work _____

Fax _____

Cell _____

E-Mail Address:

**Social Security
Number:**

Enrollment Date:

VE qualification date:

MDV qualification date:

**How many VSC and MDV exams did you
perform in the last three years?**

List all other qualifications and date qualified:

Reason you want to become a Commercial Fishing Vessel Examiner:

Are you willing to travel? YES NO

What day(s) of the week are you available?

Please return this application form to:

**Vinny Porsella, ADSO-MS-VA (1SR)
58 Perkins Avenue
Oceanside, NY 11572-3911**

If you have any questions, please call me at (516) 763-1277 (home) or by E-mail CFV1SR@aol.com

Thank you for completing the Commercial Fishing Vessel application. I will be contacting you on the status of your request.

**Regards,
Vinny Porsella,
ADSO-MS-CFV-OSC (1SR)**