



VOLUNTARY REQUEST FOR TERMINATION OF CERTIFICATION
 United States Coast Guard Auxiliary District Seven

TO: DIRAUX

FROM: _____; ID _____ FLOTILLA: _____.

DATE: _____.

COPY: FLOTILLA COMMANDER

SUBMIT VIA: HELP DESK (Use Submit a Ticket; Category "Recertification REYR" path and attach a signed copy of this memo)

I hereby request that DIRAUX terminate, effective immediately, my certification in the following program(s).

___ BOAT CREW

___ COXSWAIN

___ PERSONAL WATERCRAFT OPERATOR

___ INSTRUCTOR

___ PROGRAM VISITOR

___ PUBLIC AFFAIRS

___ VESSEL EXAMINER

___ OTHER PROGRAM (PLEASE DESCRIBE) _____.

___ OTHER PROGRAM (PLEASE DESCRIBE) _____.

NOTE: I acknowledge that should I wish to participate in one or more of these programs in the future that I will be required to complete all required training, tests and mentored activities as though I was never certified in the program and that the system will remove all data indicating that I was ever certified.

 SIGNATURE

(Electronic signature acceptable; use /s/ followed by typed full name)

DIRAUX USE ONLY DATE RECEIVED: _____ DATE COMPLETED: _____
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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: HELP DESK (Use Submit a Ticket; Category "Recertification REYR" path and attach a signed copy of this memo)