



DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY 9CR-5 (4-04)	U.S. COAST GUARD AUXILIARY CURRENCY REPORT
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I MEMBER INFORMATION			
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MEMBER ID	LAST NAME, INITIALS	DIVISION	FLOTILLA
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II SURFACE - CLASS			FREQUENCY	
COXSWAIN (COX)	CREW (BCM)	PWC	ANNUAL	5-YEAR

III SURFACE OPERATIONS TASKS - <i>Note: All Tasks have "AUX" following the number, ie: "COX-08-05-AUX"</i>							
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	MM/YY		MM/YY		MM/YY		MM/YY	FIVE YEAR PWC	
COX-03-04		COX-07-02		COX-08-05		COX-08-07			
BCM-03-04		BCM-07-02		BCM-07-05		BCM-07-08		PWC-02-11	MM/YY
PWC-03-05		PWC-04-01		PWC-07-02		PWC-07-03		PWC-04-03	

ALL- ANNUAL		COXSWAIN & PWC FIVE YEAR				
	MM/YY		MM/YY			
UNDERWAY HOURS		NAV RULES		NAV RULES SCORE		

IV AIR OPERATIONS - CLASS				
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AIRCRAFT COMMANDER	FIRST PILOT	CO-PILOT	AIRCREW	OBSERVER
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V AIR OPERATIONS REQUIREMENTS							
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	DD/MMM/YY		DD/MMM/YY		DD/MMM/YY		DD/MMM/YY
EMERGENCY EGRESS TRAINING		WATER SURVIVAL TRAINING		AVIATION SAFETY WORKSHOP		CURRENT MEDICAL EXPIRES	
					DD/MMM/YY		
PASSENGER CURRENCY CHECKED		NIGHTIME CURRENCY CHECKED		SAR FLIGHT CHECK		INSTRUMENT CURRENCY CHECKED	

VI COMPLETION/CAPABILITY STATEMENT							
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The currency maintenance requirements herein checked have been satisfactorily completed. The Member was physically and mentally capable of performing all currency maintenance requirements and performed them in my presence.

VII REVIEWING MEMBER INFORMATION							
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MEMBER ID	LAST NAME, INITIALS	DIVISION	FLOTILLA
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VIII REVIEWER SIGNATURE			IX VERIFIER SIGNATURE		
REVIEWING MEMBER SIGNATURE	DATE (DD/MMM/YY)		SO-IS SIGNATURE	DATE (DD/MMM/YY)	

X REMARKS							
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This form is used to report currency requirements for both the surface and air operations programs.

SECTION I - RECORD MEMBER INFORMATION

Enter the seven digit member ID number, last name, and initials of member whose currency is being verified . Enter member's division and flotilla number.

SECTION II - SURFACE CLASS - FREQUENCY

Check appropriate box for program and select reporting period.

SECTION III - SURFACE OPERATIONS TASKS

Tasks referenced for crew and coxswain are from COMDTINST M16794.51. PWC operator tasks are from COMDTINST M16794.54. Enter month and year of completion for each task. See NOTE in SECTION VIII below.

SECTION IV - AIR OPERATIONS

Check appropriate box for pilot qualification level.

SECTION V - AIR OPERATIONS REQUIREMENTS

Requirements are from COMDTINST M16798 (series). Enter day, month and year of applicable task verification. Enter day, month and year for current medical expiration. Check box next to each pilot currency item to indicate that the appropriate documentation was reviewed for each item. See NOTE in SECTION VIII below.

SECTION VII - REVIEWING MEMBER INFORMATION

Enter reviewing member's seven digit member ID number, last name and initials. Enter reviewing member's division and flotilla number.

SECTION VIII - REVIEWER

Reviewing member must sign and date. In signing, reviewing member acknowledges accuracy of Completion/Capability statement in Section VI. NOTE: For surface operations, annual requirements may be reviewed by Coxswains; fifth year currency tasks are to be reviewed by Qualification Examiners only. The NAV rules test must be administered by a QE or can be taken on-line. Air operations requirements may be reviewed only by an Aircraft Commander.

SECTION IX - VERIFIER

SO-IS must verify that underway hours requirements for surface operations are reflected in AUXDATA, then sign and enter date AUXDATA entres were made. Fifth year surface operations reports to be forwarded to OTO when completed.

SECTION X - REMARKS

If the NAV rules test was given by a different QE than the one completing the form, indicate in remarks. Enter any other notes desired.