**QUESTIONNAIRE FOR AUXILIARISTS APPLYING TO THE 5NR AIR PROGRAM**

**NAME & USCG AUX ID#:**

**ADDRESS:**

**EMAIL:**

**PHONE NUMBERS-HOME/CELL/WORK:**

**FLOTILLA:**

**INTERESTED IN: OBSERVER , AIRCREW\_\_\_\_, PILOT\_\_\_\_**

**PILOT CERTIFICATIONS/RATINGS:**

**TOTAL FLIGHT TIME/PIC TIME/ACTUAL INSTRUMENT TIME:**

**AIRCRAFT-MAKE/MODEL/YEAR/TOTAL TIME/TIME SMOH, REMAN OR NEW:**

**EQUIPMENT—INSTRUMENTATION/AVIONICS-LIST ALL:**

**GROSS WEIGHT/EMPTY WEIGHT/FUEL/USEFUL LOAD:**

**BOATING COURSE/DATE COMPLETED:**

**AIR PROGRAM EXAMS: A , B\_\_\_\_ SECURITY STATUS: OS\_\_\_\_ OR DO\_\_\_\_**

**AUXOP COURSES COMPLETED: WEATHER , PATROLS\_\_\_\_, COMMUNICATIONS COASTAL NAVIGATION\_\_\_\_, AUXSAR/AUXSC&E\_\_\_\_, PATROLS\_\_\_\_**

**ICS COURSES: 100 , 200 , 210 , 700 , 800 \_\_\_\_**

**OTHER COURSES: APC\_\_\_\_, ATON VERIFIER\_\_\_\_, VE\_\_\_\_, GOODMATE ,**

**OTHER (LIST)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUX OPERATIONS QUALIFICATIONS: BOAT CREW\_\_\_\_, COXSWAIN\_\_\_\_, PWC OPERATOR\_\_\_\_**

**AUXILIARY ELECTED AND APPOINTED POSITIONS HELD/DATES:**

**PLEASE ATTACH PHOTOCOPIES OF THE FOLLOWING: PILOT CERTIFICATES, MEDICAL CERTIFICATE, LAST FIVE PAGES OF PILOT LOGBOOK, AIRCRAFT AIRWORTHINESS AND REGISTRATION CERTIFICATES, TXP/STATIC CHECK, ANNUAL INSPECTION**

**Send the completed form to:**

**District Staff Officer-Aviation (DSO-AV)**

DSOAV.D5NR@gmail.com