

DEPARTMENT OF
TRANSPORTATION
U.S. COAST GUARD
ANSC-7014 (3-02)

UNITED STATES COAST GUARD AUXILIARY
INSTRUCTOR QUALIFICATION RECORD

MEMBER ID

LAST NAME, FIRST NAME AND INITIAL

I. Instructor Qualification Examination

Date: _____ Grade: _____ Proctor Signature _____

II. Flotilla Commander Certification

I hereby certify that the member named above has met the Instructor Qualification requirements and is recommended for designation as an Instructor.

Signature _____ Date _____
Flotilla Commander DDMMYYYY

FOR DIRAUX USE ONLY

Approved for AUXDATA entry

DIRAUX

Certification Date DDMMYYYY)

INSTRUCTOR QUALIFICATION RECORD INSTRUCTIONS

A. GENERAL-This form is used to record the various steps required in lesson plan preparation to become a qualified Instructor. This form and its completion instructions are in the Instructors' Study Guide.

Previous edition is obsolete