

QE RECOMMENDATION FORM

Candidate's Name: _____

Candidate's Member Number: _____

Years of Experience: MBR ____ CRW ____ COX ____

Hours underway in last 5 years:

YR-1 ____ **YR-2** ____ **YR-3** ____ **YR-4** ____ **YR-5** ____

Aux Offices Held: _____

Please answer the following as Yes (Y) or No (N)

IT Qual: ____ **VE Qual:** ____ **W/S Qual:** ____

SPECIALTY COURSES COMPLETED:

AD ____ **CM** ____ **PA** ____ **PI** ____ **SA** ____ **SE** ____ **WX** ____

Year of last TCT Course Completion: _____

Other jobs, positions, or skills from outside the Auxiliary: _____

Recommended by: _____ **Date:** _____

DCP Signature: _____ **Date:** _____

Other Comments: _____

Continue on reverse side