

U.S. Coast Guard Auxiliary

Marine Safety Training Ribbon Application and Check-off Sheet



1. Personal Information:

Last Name, First, MI _____

Employee Number _____

Member District – Division - Flotilla _____

2. Documentation of completion of Trident training program:

Course Date Completed w/attached copies of course completion documents

Introduction to Marine Safety (IMSEP) _____

Good Mate Manual and Course _____

Incident Command System (ICS 100) _____

Incident Command System (ICS 200) _____

Incident Command System (ICS 210 OR ICS 300) _____

National Incident Management System (IS 700) _____

Introduction to the National Response Plan (IS 800) _____

Initial Indoctrination to Marine Safety (IIMS) _____

(IIMS is not required if IMSEP test completed after Oct 1st 2010)

3. DSO-MS Endorsement:

“I have reviewed the information provided. It is complete and accurate. I recommend issuance of the Auxiliary Marine Safety Training Ribbon.”

Name of DSO-MS: _____

Signature and Date: _____

4. APPROVAL by DIRAUX

DIRAUX signature and Date: _____

INSTRUCTIONS: This form is to be completed by the member and is a part of the Application. DSO-MS shall review and endorse and, if found satisfactory, forward to DIRAUX, Attn: OTO, for APPROVAL and entry in Member’s Record and processing of the award.