

Trident Program Enrollment Form

United States Coast Guard Auxiliary 8th District Western Rivers Region



Personal Information

Last Name, First, MI _____

Employee Number _____

District – Division - Flotilla _____

Email _____

Address _____

City, State, Zip _____

Phone – Office _____

Phone – Home _____

Phone – Mobile _____

Personal Ability Certification

I am best suited for:

Full Field Activity
(Able to climb ladder on moving vessel)

Limited Field Activity
(Able to walk around a land facility)

Watchstanding Activity
(Able to work for 12 hours at a time
standing radio watch or desk work)

Desk Activity
(Able to work for short periods at a desk)

Member Signature _____

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Flotilla Commander Approval

I believe this member is able to perform to ability listed above.

Flotilla Commander Signature _____

Date Completed

Security

OD or OS Personal Security Investigation _____

SSI-NDA _____

Introductory Marine Safety Courses

Introduction to Marine Safety (INTRO – MS/MEP) _____

Good Mate Manual and Course _____

Initial Indoctrination to Marine Safety (Suggested) _____

Incident Command System Courses

ICS 100 _____

ICS 200 _____

ICS 300 (suggested) _____

IS 700 _____

IS 800 _____

Individual Development Plan

IDP Completed with DSO-MS _____

Safety Plan

Sector Safety Plan Signoff _____

Hazardous Materials Incident Response (HMIR) – Awareness (variety of courses accepted) _____

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Date Completed

Marine Safety Administration and Management Specialist

AUX-MSAM Completion
(Two year AUX Officer service
requirement may be delayed)

Auxiliarist Visit to Prevention Department or MSD

Initial Visit

Computer Account Setup

MISLE Training

OMSEP Base Line
(if appropriate)

Area Field Guide Familiarization

Watch Quarter Station Bill
