

UNITED STATES POWER SQUADRONS®  
SAIL & POWER BOATING

USPS SIGHT VERIFICATION FORM

Navigation 2009



Candidate's Name \_\_\_\_\_

Squadron \_\_\_\_\_

Certificate Number \_\_\_\_\_

***THE COURSE INSTRUCTOR OR DESIGNEE MUST SIGN BELOW, AFTER COMPLETELY CHECKING THE CANDIDATE'S SIGHT FOLDER AND ENSURING CORRECTIONS ARE MADE AS NEEDED.***

1. I have carefully checked the sights in this folder and believe that they meet the requirements and rules stated in the *Navigation* course Student Manual, that the work is accurate and neat, and that the data on the work sheets agree with the data in the log.

Signature  
and Grade\* \_\_\_\_\_

Date \_\_\_\_\_

Squadron Position\*\* \_\_\_\_\_

\* The Grade of the individual attesting to the statement above must be N or SN.

\*\*"Squadron Position" refers to educational duties, e.g., Ch/LB/AG, Instructor, Sight Checker, etc.

**Submit one signed copy of this form with the Candidate's completed Sight Folder.**