

UNITED STATES POWER SQUADRONS®
SAIL & POWER BOATING

USPS RESUBMITTED
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 including those for resubmitting sights, 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.