

Dear Supervisor:

In order to complete the re-certification of your employee as a motorboat operator, please use this form to provide us with the required verification that your employee has successfully completed the Motorboat Operator Certification Course (MOCC) refresher training. This refresher is valid for five (5) years from date of this completion.

As per DOI and FWS policy 241 FW 1, FWM 408, the MOCC refresher training consists of two parts: (1) Educational - general knowledge of boat operation and navigation and; (2) Practical proficiency - demonstrated practical boat operation skills.

Your employee, \_\_\_\_\_ (name) has successfully completed the education portion of the Department of Interior, Motorboat Operator Certification Course (MOCC) refresher training. The educational requirement is verified by written examination as your employee as already done.

**EDUCATIONAL PORTION** (please check one and provide copy of certificate)

- Successfully taking the on-line, internet MOCC refresher training provided by the National Conservation Training Center through [DOI LEARN](#).  
Course number is **SAF4R02**
- Retaking and successfully passing the MOCC training.
- Successfully completing the MOICC training. (MOCC instructor training).
- Teach at least one MOCC or MOICC training.

**PRACTICAL PROFICIENCY** (please check only one)

- Has demonstrated practical motorboat operation proficiency skills to a certified DOI MOCC instructor \_\_\_\_\_ (signature of instructor, date tested).  
This method should be selected if the employee operates motorboats *occasionally* as a normal part of their duties.
- Has demonstrated significant proven and safe operation of motorboat skills through their normal duties in this office. This method may be selected if the individual operates motorboats *regularly* as a routine part of their duties \_\_\_\_\_ (supervisor signature).
- Successfully retaking MOCC. **Provide certificate.**
- Successfully completing MOICC. **Provide certificate.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Please return the signed form to:

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698 Conservation Way  
Shepherdstown, WV 25443  
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304-876-7255 office

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Or fax to:  
304-876-7262

Or fax to:  
410-263-2608