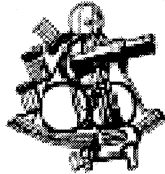


United States Power Squadrons®

SAIL AND POWER BOATING

USPS SIGHT CERTIFICATION FORM

Junior Navigation 2007



Candidate's Name _____ Squadron _____

Certificate Number _____

EACH STATEMENT THAT APPEARS BELOW IS TO BE SIGNED BY THE COURSE INSTRUCTOR OR DESIGNEE AND RETURNED WITH THE CANDIDATE'S JN EXAM. THE EXAM WILL NOT BE GRADED UNLESS THE CERTIFICATION IS COMPLETED AND RETURNED WITH THE EXAM.

1. I have been present when the candidate named above had taken observations with a navigator's sextant and, in my opinion, he/she is capable of properly using and caring for the instrument.

Signature
and Grade * _____ Date _____

Squadron Position ** _____

2. I certify that the candidate has successfully completed the requirements for the JN Sight Folder and has complied with the rules stated in the JN 2007 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 paragraphs 1 & 2, above, must be a JN. N or SN.

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