



# **THE AMERICAN WATERWAYS OPERATORS**



## **Responsible Carrier Program Auditor Application**

### **Minimum Qualifications**

Applicants must show satisfactory evidence of ALL the following:

1. High school graduation or GED.
2. Barge and towing industry, or other qualifying experience .
3. Successful completion of a recognized lead auditor training course and auditing experience of at least two years.

AND

4. Experience that includes AT LEAST TWO FROM a.), b.) and c.):
  - a.) Vessel inspection or surveying experience (e.g. employment as a Coast Guard inspector, classification society surveyor, etc.);
  - b.) Sailing experience in a licensed capacity;
  - c.) Direct responsibility for vessel maintenance, repair, operations, etc.

OR:

5. Experience of at least five (5) years of acceptable professional safety practice with the following:
  - Primary function with responsibility for the prevention of harm to people, property and the environment;
  - Hazard recognition, evaluation and analysis, and development and implementation of controls.

Recommendations - Two letters of recommendation are required. The letters must be from two AWO member companies in a position to evaluate applicant's suitability to conduct Responsible Carrier Program audits. If an applicant is an employee of an AWO member company, a letter of recommendation from said AWO member company is not acceptable.

Certification - To achieve certification as an AWO-Certified Responsible Carrier Auditor, you will be required to attend an orientation class and periodic recertification training presented by AWO covering the content and administration of the Responsible Carrier Program, the Responsible Carrier Audit and the use of the Responsible Carrier Program audit instrument.

All orientation/recertification classes are held at or near AWO's offices in Arlington, VA.

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**Please complete the attached application in its entirety. A resume alone will not be accepted in lieu of this application's satisfactory completion. (Use additional sheets if necessary.)**

# RCP AUDITOR APPLICATION

Applicant Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## **High School Graduation/GED**

Name of High School \_\_\_\_\_ Year completed \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

## **Description of Barge and Towing Industry or Other Qualifying Experience (Describe in detail.)**

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Person or Supervisor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Lead Auditor Course Attended (Attach copy of Certificate of Completion)**

Auditor Training Course \_\_\_\_\_ Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Location of Course \_\_\_\_\_ Telephone Number \_\_\_\_\_

Information about at least two areas of direct involvement with vessels in the following capacities:

**Description of Vessel Inspection and/or Surveying Experience**

<u>Position Held</u>	<u>From</u>	<u>To</u>
<u>Company Name</u>	<u>Contact Person or Supervisor</u>	
<u>Address</u>		
<u>Telephone Number</u>		
<u>Responsibilities:</u>		
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**Description of Sailing Experience in a Licensed Capacity (Attach a copy of License)**

<u>Position Held</u>	<u>From</u>	<u>To</u>
<u>Company Name</u>	<u>Contact Person or Supervisor</u>	
<u>Address</u>		
<u>Telephone Number</u>		
<u>License Type</u>	<u>Issue Date</u>	<u>Expiration Date</u>
<u>Responsibilities:</u>		
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**Description of Direct Responsibility for Vessel Maintenance, Repair or Operations**

<u>Position Held</u>	<u>From</u>	<u>To</u>
<u>Company Name</u>	<u>Contact Person or Supervisor</u>	
<u>Address</u>		
<u>Telephone Number</u>		
<u>Responsibilities:</u>		
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**OR:**

**Description of acceptable professional safety practice as a primary function with responsibility for the prevention of harm to people, property and the environment, hazard recognition, evaluation and analysis, and development and implementation of controls for a minimum of five (5) years.**

Position Held (s) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Person or Supervisor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach copies of recommendation letters and other supporting documentation including a copy of any Merchant Marine Documents.

I hereby certify that all information provided is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of AWO RCP auditor certification. I understand that all information on this application is subject to verification. I consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the American Waterways Operators to rely upon and use, as it sees fit, any information received from such contacts.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Mail this application and all support information to: The American Waterways Operators  
Attention: Mr. Robert L. Clinton  
801 North Quincy Street, Suite 200  
Arlington, Virginia 22203

**Reserved For AWO Use**

Recommendation Letters  Merchant Marine Document  Audit Course Certificate

Comments \_\_\_\_\_

\_\_\_\_\_

Approved  Disapproved  Reason for Disapproval \_\_\_\_\_

\_\_\_\_\_

Orientation Scheduled For \_\_\_\_\_ At \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_