



**U.S. DEPARTMENT OF HOMELAND
SECURITY**

UNITED STATES COAST GUARD AUXILIARY

DATE: _____

FROM: _____ MEMBER NUMBER: _____
FLOTILLA _____

TO: DIRECTOR OF AUXILIARY, 5NR

SUBJECT: OPERATION OF AUXILIARY FACILITY BY A NON-OWNER

RE: (a) AUXILIARY OPERATIONS POLICY MANUAL, COMDTINST M16798.3D

1. When I am on board as a crew member, I authorize any qualified member _____ to operate my facility, _____ under reimbursable or non-reimbursable orders.
(Registration Number)
2. When I am not on board, I authorize the Auxiliarists listed below to operate my facility, _____ under reimbursable or non-reimbursable orders, contingent on these Auxiliarists being qualified for such orders in accordance with current directives.

MEMBER'S NAME	MEMBER'S NUMBER
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

3. This letter is valid for a 12 (twelve) month period from the date of vessel inspection so long as the facility is offered and accepted for use or until specifically revoked by me.

OWNER'S NAME (Print)

SIGNATURE

COPY: FC/FSO-OP/POMS ADMIN

WITNESS: _____