APPENDIX G

FORMS AND HANDBOOKS

1. General. See Table 2-1 in Chapter 2 for Summary of Forms. Auxiliary forms can be accessed on the National Auxiliary web site: [www.cgaux.org](http://www.cgaux.org) and on the D5-NR regional web site: [www.5nr.org](http://www.5nr.org)

2. Local Forms. The following local forms shall be used within D5-NR:

<table>
<thead>
<tr>
<th>Appendix</th>
<th>D5-NR Form</th>
<th>Form Title</th>
<th>Maintained by</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-3</td>
<td>ADMIN-1</td>
<td>Transfers Within D5-NR</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-4</td>
<td>ADMIN-2</td>
<td>Certification of Elections</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-5</td>
<td>ADMIN-3</td>
<td>Facility Status Change</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-6</td>
<td>ADMIN-4</td>
<td>PE Attendance Roster</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-7</td>
<td>ADMIN-5</td>
<td>DIRAUX Transmittal Form</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-8</td>
<td>ADMIN-6</td>
<td>Division Transmittal Form</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-9</td>
<td>ADMIN-7</td>
<td>Coast Guard Property Inventory</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-10</td>
<td>ADMIN-8</td>
<td>Flotilla Visitation Report</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-11</td>
<td>ADMIN-9</td>
<td>Division Captain Report</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-12</td>
<td>ADMIN-10</td>
<td>Boat Show Checklist</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-13</td>
<td>ADMIN-11</td>
<td>Member ID Card Information</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-14</td>
<td>ADMIN-12</td>
<td>Request for COASTIE</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-15</td>
<td>ATON-1</td>
<td>Pennsylvania ATON Report</td>
<td>DSO-AN</td>
</tr>
<tr>
<td>G-16-17</td>
<td>FIN-1</td>
<td>Record of Receipts and Disbursements</td>
<td>DSO-FN</td>
</tr>
<tr>
<td>G-18-19</td>
<td>FIN-2A</td>
<td>Check Request Form (A) (Division/Flotilla)</td>
<td>DSO-FN</td>
</tr>
<tr>
<td>G-20-21</td>
<td>FIN-2B</td>
<td>Check Request Form (B) (District)</td>
<td>DSO-FN</td>
</tr>
<tr>
<td>G-22-25</td>
<td>FIN-3</td>
<td>Audit Committee Guide (Pages 1-4)</td>
<td>DSO-FN</td>
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<tr>
<td>G-26-27</td>
<td>TRAIN-1</td>
<td>Coast Guard Funding for Training Request</td>
<td>DIRAUX</td>
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<tr>
<td>G-28</td>
<td>OPS-1</td>
<td>Surface Patrol Request</td>
<td>DSO-OP</td>
</tr>
<tr>
<td>G-29</td>
<td>OPS-2</td>
<td>Patrol Schedule</td>
<td>DSO-OP</td>
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<td>G-30</td>
<td>OPS-4</td>
<td>Request for Flight Orders</td>
<td>DSO-AV</td>
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<td>G-31</td>
<td>OPS-5</td>
<td>Special Purpose Facility Offer for Use</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-32-33</td>
<td>OPS-6</td>
<td>SARDET Qualification Record</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-34-36</td>
<td>OPS-7</td>
<td>Paddle Craft Offer for Use Form</td>
<td>DIRAUX</td>
</tr>
<tr>
<td>G-37</td>
<td>BCQP-2</td>
<td>QE After Action Report</td>
<td>CQEC</td>
</tr>
<tr>
<td>G-38</td>
<td>BCQP-3</td>
<td>Trainee After Action Report</td>
<td>CQEC</td>
</tr>
<tr>
<td>G-39</td>
<td>BCQP-4</td>
<td>QE Candidate Critique (as Coxswain/PWO)</td>
<td>CQEC</td>
</tr>
<tr>
<td>G-40</td>
<td>BCQP-5</td>
<td>QE Candidate Critique (as Observer)</td>
<td>CQEC</td>
</tr>
<tr>
<td>G-41</td>
<td>BCQP-6</td>
<td>QE Candidate Critique (Supervised Mission)</td>
<td>CQEC</td>
</tr>
</tbody>
</table>
3. The following handbooks, forms and guides may be ordered by appropriate Flotilla and Division Staff Officers from designated sources. They may not be copied for distribution to the public.

<table>
<thead>
<tr>
<th>Title</th>
<th>Stock Point</th>
<th>Max Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Boating Regulations Handbook</td>
<td>PA SLO</td>
<td>50</td>
</tr>
<tr>
<td>New Jersey Boating Regulations Handbook</td>
<td>NJ SLO</td>
<td>50</td>
</tr>
<tr>
<td>Delaware Boating Regulations Handbook</td>
<td>DE SLO</td>
<td>50</td>
</tr>
<tr>
<td>Pennsylvania Application for State Certificate</td>
<td>PA SLO</td>
<td>50</td>
</tr>
<tr>
<td>New Jersey Application for State Certificate</td>
<td>NJ SLO</td>
<td>50</td>
</tr>
<tr>
<td>Delaware Application for State Certificate</td>
<td>DE SLO</td>
<td>50</td>
</tr>
<tr>
<td>Charts of Sole State Waters</td>
<td>DSO-AN</td>
<td>10</td>
</tr>
</tbody>
</table>

Note: Depending on state policies, it may be necessary for Divisions/Flotillas to pool their requests into one order for submission to the SLO.
Section 1 – Member Request

From: ________________________________, Member Number ______________________
To: ________________________________, FC of Flotilla ______________________ (Current Flotilla)

I desire to transfer from Flotilla ____________________, D5-NR to Flotilla ________________, D5-NR, effective ________________ (enter date). I have accounted for all Auxiliary and Coast Guard Property.

Signed: _______________________________ Date: ____________________ (Forward to Current FC)

Section 2 – Transferring Flotilla Commander Endorsement

From: ________________________________, FC of Flotilla ______________________ (Transferring Flotilla)
To: ________________________________, FC of Flotilla ______________________ (Receiving Flotilla)

_____ I recommend approval. _____ I do not recommend approval (my reasons are attached).

Signed: _______________________________ Date: ____________________ (Forward to Receiving FC)

Section 3 – Receiving Flotilla Commander Endorsement

From: ________________________________, FC of Flotilla ______________________, D5-NR
To: Director of Auxiliary, D5-NR

_____ I recommend approval. _____ I do not recommend approval (my reasons are attached).

Signed: _______________________________ Date: ____________________ (Forward to DIRAUX)

Section 4 – Director of Auxiliary Approval / Disapproval

From: Director of Auxiliary, D5-NR
To: ________________________________, FC of Flotilla ______________________, D5-NR

_____ Approved. The above Auxiliarist has been transferred to Flotilla ________________. (Receiving FC)
_____ Disapproved. The above Auxiliarist has not been transferred from Flotilla ________________. (Current FC)

[Copies of this form shall be sent to the Member, to the other FC, and to the applicable DCP(s)]

Comments: ____________________________________________________________________________

Signed: _______________________________ Date: ____________________

Note: This request and all endorsements received due consideration. DIRAUX decision on this matter is final.
To be filled out by Nominating Committee Chairman

Division / Flotilla:__________________ Date of Election:__________________

1. Election for (circle as applicable): DCDR / VCDR FC / VFC

2. Nominating Committee Chairman Name and Title: _______________________________________________________________
   a. Nominating Committee Chairman certifies that all nominees have met the current requirements.
   b. If no eligible members ran for office, a written waiver was requested, routed and obtained from DIRAUX PRIOR to election:
      Yes / No (copy of waiver presented to Presiding Officer)

__________________________
Nominating Committee Chairman (sign/date)

To be filled out by Presiding Officer

3. Quorum present at the meeting? Yes / No Quorum requirement: __________________
   Total eligible to vote: __________________
   (majority to elect = 1 + 50% of eligible voting members present) Number of members present: ________________

4. Nominations called for from the floor? Yes / No

5. All provisions of the unit's Standing Rules met? Yes / No

6. Names of persons nominated by the committee:
   DCDR / VCDR: __________________________________________________________________________________________
   FC / VFC: ________________________________________________________________________________________

7. Names of persons nominated from the floor:
   DCDR / VCDR: __________________________________________________________________________________________
   FC / VFC: ________________________________________________________________________________________

8. Confirm that all nominees meet election eligibility criteria or have appropriate waiver granted. Without waiver when needed,
   nominees are not eligible for election.

9. Names of tellers: __________________________________________________________________________________________

11. Results of the election (name and EMPLID):
    For DCDR / FC: __________________________________________________________________________________________
    For VCDR / VFC: ________________________________________________________________________________________

12. I, as an elected officer of the Coast Guard Auxiliary and this election’s Presiding Officer, certify that each item above is true and correct.

__________________________
(Presiding Officer sign/date)

Presiding Officer Name and Title (print): _______________________________ EMPLID: ________________
FACILITY INSPECTION WAIVER REQUEST AND/OR REPORT OF SALE

<table>
<thead>
<tr>
<th>Member Name: _____________________</th>
<th>EMPLID: __________</th>
<th>Unit: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Registration Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. OPFAC Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Reason for Change:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Reason for Waiver of Inspection</td>
<td></td>
<td></td>
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<tr>
<td>If sold – Date of Sale:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If sold to another Auxiliarist –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Name and Unit:</td>
<td></td>
<td></td>
</tr>
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</table>

Member Signature


DIRAUX Signature of Acknowledgement


<table>
<thead>
<tr>
<th>Enrollee Name</th>
<th>Address</th>
<th>Lesson Number</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 12 13 14 15</td>
<td></td>
</tr>
</tbody>
</table>

Number Enrolled _______
Number Graduated _______

Class Supervisor Name / Sign
To: DIRAUX D5-NR  
From: DCDR / FC / SO-IS  
Unit:  

1. The following forms are enclosed:

<table>
<thead>
<tr>
<th>ANSC/5NR #</th>
<th>Description</th>
<th>Count</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 7001</td>
<td>Enrollment Application Package w/Security Forms*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. 7003</td>
<td>Vessel Facility Inspection and Offer for Use</td>
<td></td>
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<tr>
<td>c. 7004</td>
<td>Radio Facility Inspection and Offer for Use</td>
<td></td>
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<tr>
<td>d. 7005</td>
<td>Aircraft Facility Inspection and Offer for Use</td>
<td></td>
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<tr>
<td>e. 7006</td>
<td>Change of Officer Report</td>
<td></td>
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<tr>
<td>f. 7008</td>
<td>PWC Facility Inspection and Offer for Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. 7025</td>
<td>Financial Report of Auxiliary Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. 7026</td>
<td>OSC – Specialty Course Request**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. 7028</td>
<td>Change of Member Information***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. 7056</td>
<td>Member Transfer Request (intra-District Transfers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. 7059</td>
<td>Short Term Training Request Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. 7065</td>
<td>Vehicle Facility Offer for Use Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. ADMIN-1</td>
<td>Member Transfer Request (intra-District Transfers)</td>
<td></td>
<td></td>
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<tr>
<td>n. ADMIN-3</td>
<td>Facility Status Change Form</td>
<td></td>
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<tr>
<td>o. ADMIN-7</td>
<td>CG Property Inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. ADMIN-11</td>
<td>ID Card Information Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. EXAMS</td>
<td>Specialty Course Exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. EXAMS</td>
<td>INITIAL QUALIFICATION PACKAGE****</td>
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<td>t.</td>
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<td>u.</td>
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</tbody>
</table>

* - Per D5NRINST M16790.1(series) and the current D5-NR Enrollment Checklist.
** - Request must be received by DIRAUX 15 days prior to exam date.
*** - Submitted to DIRAUX only upon change of member name (e.g., marriage).
**** - Per guidelines outlined in D5NRINST M16790.1(series).
*****SPECIAL NOTE – ANY PACKAGE RECEIVED INCOMPLETE WILL BE RETURNED TO FC FOR ACTION*****
Encl. 1 to CGD/FIVE/INST 16791.1D

5NR ADMIN-6 DIVISION TRANSMITTAL FORM (Rev. 10/11)

Date: __________________

To: SO-IS, Division ______________
From: FSO-IS, Flotilla ______________

1. The following forms are enclosed:

<table>
<thead>
<tr>
<th>ANSC #</th>
<th>Description</th>
<th>Count</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 7006</td>
<td>Change of Officer Report</td>
<td></td>
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<tr>
<td>b. 7007</td>
<td>Annual Unit Officers Report</td>
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</tr>
<tr>
<td>c. 7028</td>
<td>Change of Member Information*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. 7029</td>
<td>Member Activity Log</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. 7030</td>
<td>Mission Activity Report</td>
<td></td>
<td></td>
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<tr>
<td>f. 7038</td>
<td>Vessel Examination Activity Report</td>
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<tr>
<td>g. 7039</td>
<td>Workshop Mission and Attendance Report</td>
<td></td>
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<tr>
<td>h. 7046</td>
<td>Visitation Report</td>
<td></td>
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<tr>
<td>i. 7054</td>
<td>Aids to Navigation Report</td>
<td></td>
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<tr>
<td>j. ____</td>
<td>______________________________________</td>
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<tr>
<td>k. ____</td>
<td>______________________________________</td>
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<tr>
<td>l. ____</td>
<td>______________________________________</td>
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</table>

* ANSC-7028 IS TO BE FORWARDED TO DIRAUX FOR NAME CHANGE ONLY.

***SPECIAL NOTE – PLEASE INDICATE IN REMARKS AREA OF ACTIVITY FORMS IF A TRAINEE IS IN REYR OR REWK STATUS BRINGING IT TO THE SO-IS’ ATTENTION TO ALERT DIRAUX TO RE-SET THE MEMBER’S STATUS***

Date: __________________

To: FSO-IS, Flotilla ______________
From: SO-IS, Division ______________

1. Items received and processed.

2. Discrepancies as follows:

   a. None.
   b. ______________________________________________________
      ______________________________________________________
      ______________________________________________________
### 5NR ADMIN-7

**COAST GUARD PROPERTY INVENTORY (Rev. 10/11)**

<table>
<thead>
<tr>
<th>From: Custodian Name</th>
<th>Unit</th>
<th>Date</th>
</tr>
</thead>
</table>

**To:** DIRAUX, D5-NR

**Thru:** DCAPT/DCDR

**Date**

---

Do not include films, videos, slides, manuals and/or textbooks

#### 1. Equipment on Hand

<table>
<thead>
<tr>
<th>ITEM NAME AND MODEL NUMBER</th>
<th>QTY</th>
<th>SERIAL NUMBER</th>
<th>CONDITION</th>
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<tbody>
<tr>
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</tbody>
</table>

**CONDITION CODES:**

- G = GOOD
- F = FAIR
- P = POOR

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#### 2. The following Equipment will require replacement next year:

<table>
<thead>
<tr>
<th>ITEM NAME AND MODEL NUMBER</th>
<th>QTY</th>
<th>SERIAL NUMBER</th>
<th>CONDITION</th>
</tr>
</thead>
<tbody>
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</table>

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#### 3. I request the following additional equipment for this unit:

- 
- 
- 

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**Custodian Signature**

**DCAPT/DCDR Signature**

as applicable
<table>
<thead>
<tr>
<th>5NR ADMIN-8</th>
<th>FLOTILLA VISITATION REPORT</th>
<th>(Rev. 10/11)</th>
</tr>
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<tbody>
<tr>
<td><strong>NOTES</strong></td>
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<tr>
<td>Agenda Used and Followed</td>
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<td></td>
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<tr>
<td>Meeting Started On Time</td>
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<tr>
<td>Preliminaries and Introductions</td>
<td></td>
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<tr>
<td>Minutes of Last Meeting</td>
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<tr>
<td>Financial Report</td>
<td></td>
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<tr>
<td>Flotilla Commander's Report</td>
<td></td>
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<tr>
<td>Vice Commander's Report</td>
<td></td>
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<tr>
<td>Staff Reports</td>
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<tr>
<td>Division Interest Items</td>
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<tr>
<td><em>DCDR COMMENTS FOR FILE</em></td>
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<tr>
<td>Flotilla's Strong Points</td>
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<td></td>
</tr>
<tr>
<td>District Interest Items</td>
<td></td>
<td></td>
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<tr>
<td>Flotilla Training Conducted</td>
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<tr>
<td>Flotilla's Weaknesses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Presentations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Items (by whom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good of the Auxiliary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**DIVISION COMMANDER’S REPORT**  
(Rev. 10/11)

DIVISION: ________________________  MONTH: ________________

### Status of Flotillas:
List specific Flotilla problems and major Flotilla accomplishments.

### Status of Staff:
List problems or areas where District Staff can assist by visit, correspondence, etc.

### Follow-up needed by:
<table>
<thead>
<tr>
<th>DIRAUX</th>
<th>DCO</th>
<th>DCOS</th>
<th>DCAPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain problem(s) and recommended action</td>
<td>(CIRCLE APPROPRIATE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DCDR Flotilla Visits During Reporting Month:

### DCDR Flotilla Visitation Schedule for Next Two Months:

### DCDR Comments:

Complete Form and Send to DCAPT on First Day of the Month

Routing: DCDR to DCAPT to DCO to DCOS/DSO or DIRAUX as Action May Require
1. Contact boat show management.  

2. Obtain and use a stand-up display board as part of the booth.  

3. Coordinate members to participate.  

4. Obtain a TV-VCR to play boating safety videotapes as part of the booth.  

5. Obtain and display literature and handouts.  

6. Obtain a current D5-NR regional Public Education course listing.  

7. Obtain a current D5-NR Pocket Directory.  

8. Contact ADSO-PA (COASTIE) to arrange for COASTIE.  

9. Other:  

10. Other:  

Unit: 053 - ________________  EMPLID: ________________

Last Name: ___________________________  First Name: ___________________________  Middle Initial: _________

Date of Birth: ____________________________

Blood Type: ______  Weight (lbs) ______  Height (inches): ______  Hair Color: ______  Eye Color: ______

Expired Card: ( Y / N ) Lost - Stolen Card - Other: ( Y / N ) If Yes, explain on next line:
Explanation of circumstances: _____________________________________________________________
                                                                                         _____________________________________________________________
                                                                                         _____________________________________________________________
                                                                                         _____________________________________________________________

                        Member Signature / Date

FC Endorsement: ____________________________________ OR Email via: D5NRDIRAUX@USCG.MIL

                        FC Signature / Date
REQUEST FOR COASTIE
(Rev. 10/11)

From:  DCDR or SO-PA _____ / FC or FSO-PA _______ Date: _______________

(UNIT)  (UNIT)

To:      ADSO-PA (COASTIE)

1. We request COASTIE for the following:
   a. Date(s) to be used: __________________________________________
   b. Place to be used: ____________________________________________
       (Exact location ie: shopping mall, etc)
   c. Surface on which COASTIE will be operated: ____________________
   d. Division or Flotilla member who will oversee the event: __________
   e. Member who will tow COASTIE to the above location and return (note – towing vehicle must be equipped with a 2-inch trailer ball and three-pin electrical connector and be a currently authorized D5NR Operational Vehicle):
       __________________________
   f. Qualified operator to be assigned: ______________________________
   g. Qualified assistants to be assigned: _____________________________


________________________________________

(DCDR or SO-PA // FC or FSO-PA signature)

==============================================================================

From:  ADSO-PA (COASTIE) Date: ____________

To:      DCDR or SO-PA _____ / FC or FSO-PA _______

1. Your request is (Approved / Denied) 2. Reason for Denial: ____________________________


________________________________________

(SPO-COASTIE Signature)
Indicate number of:  Verifications: _____  Discrepancies: _____

<table>
<thead>
<tr>
<th>Observer’s Name</th>
<th>Crew Member’s Name</th>
<th>EMPLID</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City/State/Zip</td>
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<tr>
<td>Phone Number</td>
<td>( )</td>
<td>EMPLID</td>
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</tbody>
</table>

- Ownership: Coast Guard
- State
- Private
- Other

Body of Water

<table>
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<tr>
<th>Permit Number</th>
<th>Date Observed</th>
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</table>

**DISCREPANCY OR PROBLEM TO REPORT**

(If there are no discrepancies, indicate on the top of form the number of aids that are correct as verifications)

<table>
<thead>
<tr>
<th>Aid #</th>
<th>Type Aid</th>
<th>Latitude</th>
<th>Longitude</th>
<th>Discrepancy</th>
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</thead>
<tbody>
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(Note: Phone reports to PA Fish & Boat Commission are required if a dam, rock or shoal buoy is off station)

Signature of Observer  
Date of Report

**Mail Report Mailed:**

**Mail Original Report to:**

Bureau of Law Enforcement  
Pennsylvania Fish and Boat Commission  
PO Box 67000  
Harrisburg, PA 17106-7000  
(717-705-7900)

Examples of Discrepancy/Problem

- Aid Missing
- Aid Has No Permit Number
- Aid Needed
- Aid Faded

For ATON Auxiliary credit, a copy of this report must also be forwarded to the DSO-NS, 5th Northern Region by the Observer. If no discrepancies or problems exist, so indicate, and submit for patrol credit. This form is submitted voluntarily by the Observer as a service to the Pennsylvania Fish and Boat Commission and the Boating Community.

**ACTION TAKEN ON DISCREPANCY OR PROBLEM REPORTED**

<table>
<thead>
<tr>
<th>Aid #</th>
<th>Type Aid</th>
<th>Action Taken</th>
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Signature  
Date
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<thead>
<tr>
<th>Date</th>
<th>Received From/ Payee</th>
<th>Check No.</th>
<th>Bank Balance</th>
<th>Received</th>
<th>Due</th>
<th>Funds Received</th>
</tr>
</thead>
<tbody>
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</tbody>
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**TOTALS**

<table>
<thead>
<tr>
<th></th>
<th>Funds Disbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public Education</td>
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<tr>
<td></td>
<td>Insignia</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**Record of Receipts & Disbursements**

**Funds Received**

**Funds Disbursed**
This page intentionally left blank
CHECK REQUEST FORM

Instructions: 1) Complete Part A of the form.
2) Attach all original receipts and invoices to substantiate the request.
3) Forward to Division Captain / Flotilla Commander for approval.
4) DCDR or FC will forward to SO-FN or FSO-FN for payment.

Part A: Payment Request

Payee: _____________________________  Total Amount Requested: $__________

Name

Address

Explanation of expenses: __________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of Request: ________________  ____________________  Signature of Requester

Part B: Approval Endorsements

Approved for payment: ___________________________ Date: ________________

DCDR / FC

Part C: Accounting

Check No. ________  Date: ________________
This page intentionally left blank
CHECK REQUEST FORM (District Funds)

Instructions: 1) Complete Part A of the form.
2) Attach all original receipts and invoices to substantiate the request.
3) Obtain proper approval endorsements in Part B as required.

Approval Endorsements:  * DSO requests must be approved by the DCO and DCOS.
* ADSO requests must be approved by the DCO, DCOS and DSO.
Requests not having the proper approvals will be returned unpaid.

Part A: Payment Request

Payee: _____________________________
Name Requested: _____________________________
Address

Explanation of expenses: ________________________________________________________________

Date of Request: _______________  __________________ Signature of Requester and Office Held

Part B: Approval Endorsements

Approved for payment:  DSO _____________________________ Date: _______________
DCOS _____________________________ Date: _______________
DCO _____________________________ Date: _______________

Request returned for the following reason: ________________________________________________

When all approvals are complete, forward to DSO-FN for payment.

Part C: Accounting

Request Received _______________ Request Paid _______________ Check No. _______________
Posting: Account ______ Account ______ Account ______ Account ______
Amount ______ Account ______ Amount ______ Account ______

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The accounting year for Auxiliary units is a calendar year; therefore, the audit of unit funds should be completed as quickly as possible after 31 December of each year so as to be finalized in sufficient time to submit the requisite financial statement to the unit commander who must submit the report through the chain of leadership and management in accordance with the Auxiliary Manual.

To be effective and to properly complete their assigned purpose, the Audit Committee must use an organized approach and should apply standard procedures.

The typical audit is not intended to check and verify every transaction nor is it designed to absolutely detect fraudulent transactions although they may come to light during the course of the audit. A sampling of transactions is tested to assure compliance with the internal control factors established by the unit such as required approvals, segregations of duties, etc.

While the organizations (District, Division and Flotilla) are not extensive, there are still opportunities to provide some segregation; for example, the bank statement could be received from the bank by the Senior Elected Officer of the unit who would examine it for any unusual or unauthorized transactions and then forward it to the finance officer for reconciliation with the books of account.

The following audit procedures and program is intended to provide guidance for Audit Committees at all levels of the Auxiliary organization – District, Division and Flotilla.

Audit Procedures and Program Checklist

**General**

1. Obtain a detail of the financial activity for the year; the form may be:
   a. Record of receipts and disbursements (FIN-1).
   b. General ledger (usually at District level only).
   c. Monthly financial statements.

   These items should have been prepared by the finance officer.

2. Obtain a completed copy of *Financial Report of an Auxiliary Unit* (ANSC Form 7025 prepared by the finance officer).

3. Remember that net revenues from public education classes
   a. **Cannot** be used for unit social activities.
   b. **Can** be used for flotilla supplies and other educational supplies.
## Audit Program

### 1. Cash Accounts

<table>
<thead>
<tr>
<th>Initials &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. See that all bank statements are reconciled to the balances shown in the financial records.</td>
</tr>
<tr>
<td>b. Verify the existence of all savings accounts or certificates and reconcile to the balances shown in the financial records.</td>
</tr>
<tr>
<td>c. Determine the authorized signers and the number of signatures required on all accounts.</td>
</tr>
<tr>
<td>d. Are all checks appropriately signed?</td>
</tr>
</tbody>
</table>
| e. Are receipts being deposited in a timely manner?  
  **Note:** Correlate deposit of funds with the event generating them (e.g., unit dues, public education classes). | __________ |

### 2. Revenues

<table>
<thead>
<tr>
<th>Initials &amp; Date</th>
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</thead>
<tbody>
<tr>
<td>a. Check the reasonableness of income recorded:</td>
</tr>
<tr>
<td>(1) Member dues (number of members times dues rate).</td>
</tr>
<tr>
<td>(2) Interest income (balance at interest times interest rate)</td>
</tr>
<tr>
<td>b. Does recorded revenue appear reasonable?</td>
</tr>
</tbody>
</table>

### 3. Expenditures

<table>
<thead>
<tr>
<th>Initials &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Assure that all expenditures have been approved:</td>
</tr>
<tr>
<td>(1) Examine original invoice.</td>
</tr>
<tr>
<td>(2) Check for appropriate approvals.</td>
</tr>
<tr>
<td>(3) Compare cancelled check to invoice checking for:</td>
</tr>
<tr>
<td>(a) Amount</td>
</tr>
<tr>
<td>(b) Authorized signatures</td>
</tr>
<tr>
<td>b. Do categories and amounts of expenses appear reasonable?</td>
</tr>
</tbody>
</table>
4. Materials

Generally, separate financial and accounting records associated with ‘materials’ are maintained only at the District level. Transactions relative to the purchase and sale of materials to the membership at Division and Flotilla levels are ordinarily included in the general financial records. The following checklist relative to ‘materials’ transactions should be used as applicable and appropriate.

a. General

(1) Obtain a detail of financial activity from the Materials Officer.  _____________

(2) Obtain copies of the month reports provided to the Finance Officer or Senior Elected Officer of the unit.  _____________

(3) Assure that ‘materials’ transactions are included in the financial report for the unit.  _____________

b. Cash Accounts

(1) See that all bank statements are reconciled to the balance shown in the financial records.  _____________

(2) Determine the authorized signers and the number of signatures required.  _____________

(3) Are all checks appropriately signed?  _____________

(4) Are all receipts being timely deposited?  _____________

c. Materials Inventory

(1) Obtain a detailed listing of all materials on hand, priced at cost and test for accuracy.  _____________

(2) Test the accuracy of the listing by verifying the existence and quantity of the items.  _____________
5. Financial Report

Once the audit testing has been done to the satisfaction of the audit committee, the Financial Report of an Auxiliary Unit (ANSC Form 7025) should be checked for completeness and accuracy.

a. Do beginning balances agree with the prior years ending balances? __________

b. Do categories of revenues and expenses agree with the unit financial records? __________

c. Is the form mathematically correct? __________

d. Do ending balances agree with the reconciled accounts? __________

6. Recommendations

a. Does the Audit Committee have any recommendations to the unit Senior Elected Officer?

   (1) Are established procedures being followed? __________

   (2) Are approvals properly completed? __________

   (3) Are funds being deposited in a timely manner? __________

   (4) Other recommendations?

      Note: If recommendations are to be made, prepare a letter to the unit Senior Elected Officer summarizing those recommendations. __________

b. The “lead” member of the audit committee should sign the Financial Report as appropriate and forward to the Unit Senior Official for other required signatures and transmittal through the chain of leadership and management in accordance with the Auxiliary Manual. __________

Important:

Inasmuch as the specific accounting records maintained by the individual Auxiliary units may vary considerably, it is important to note that these audit procedures are the minimum for an adequate audit of unit funds and should be modified or added to as circumstances dictate.

Recommendations by the audit committee may include that the unit establish the standard accounting practices suggested in order provide better financial information to the unit.
5NR TRAIN-1  COAST GUARD FUNDING FOR TRAINING REQUEST  (Rev. 10/11)
(Please 1 of 2)

Unit requesting training (Area / Division) _______________________________________________________________

Point of contact: __________________________ Phone #: __________________________

Address: ___________________________________________________________________________________

Type of training: ________________________________________________________________

Length of training (for example: 2 days, or 8 hours, etc…): _______________________________________

Estimated total number of participants: ___________________________________________________________

Available to which area or division(s)?: ___________________________________________________________

Desired locations: site/town/state (list three options - if less than three, indicate why)
1. _________________________________________________________________________________________
2. _________________________________________________________________________________________
3. _________________________________________________________________________________________

Desired dates of the event: (list three options - if less than three, indicate why)
1. _________________________________________________________________________________________
2. _________________________________________________________________________________________
3. __________________________________________________________

Time convening / concluding: ___________________________________________________________________

Is it classroom, dock-side and/or on-water training? ____________________________________________

Conference rooms needed? ________ How many? _________________

Conference room set up (theater/classroom/board/internet connection)? Describe below:

Which meals should be provided to members? List estimated number needed. If multi-day training, please separately list each day and each meal needed.

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

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List the instructor(s) of the training: __________________________________________________________
__________________________________________________________
______________________________________________
__________________________________________________________

Is lodging necessary for some members?: ______________________________________________________

Estimated number of rooms needed? Which nights?
__________________________________________________________
__________________________________________________________
__________________________________________________________

List any hotels that you recommend be contacted to check availability & rates:
(Do not contact any of the hotels unless DIRAUX cannot approve your request for funding!)
__________________________________________________________
__________________________________________________________
__________________________________________________________

Any audio-visual equipment requirements to hold the training? Is the equipment available in the field?
__________________________________________________________
__________________________________________________________
__________________________________________________________

Is copying service desired from DIRAUX? (4 weeks advance notice is required to use the Gov’t Printing Office)

Is there any other information you think important or would like to be taken into consideration?

Is the DSO-MT aware of this training request? ___________

___________________________________________________________
(Signature of individual requesting the training) / Date

___________________________________________________________
(DCAPT Signature) / Date

___________________________________________________________
(DIRAUX Signature) / Date

A request is not a guarantee of funding. DIRAUX will make every effort to accommodate requests, but be aware that locations and dates might need to be modified. This form should be submitted to DIRAUX four (4) months prior to the estimated date of the training. Do not publicize the event until notified by DIRAUX that the event has been approved. You should expect to be contacted by DIRAUX within two weeks of submission. Once approved, the finalized agenda, roster and information must be submitted to DIRAUX at least 30 days prior to the training to ensure adequate time to complete a contract.
This form should be used to request patrols/SARDET assignments and to provide availability data to D5-NR SO-OP’s, FSO-OP’s, and SARDET Coordinators. If possible, this form should be submitted prior to the patrol season with all desired dates. Additional forms may be submitted at any time to request additional patrols/SARDET assignments.

Name: ________________________________  EMPLID / Unit:________________________

Social Security Number: ________________________________
Address: ___________________________________________________________________
Phone Number: ____________________________

Boat Crew Qualification: _________________  SARDET Qualification: _________________

<table>
<thead>
<tr>
<th>Date Requested</th>
<th>Patrol Area/SARDET</th>
<th>Facility Number</th>
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</table>
SO-OP's or SARDET Coordinators who are scheduling patrols on Pennsylvania sole state waters must complete this form and mail it to the Pennsylvania Fish and Boat Commission at least 10 days prior to the first scheduled patrol date.

Pennsylvania Fish and Boat Commission
Bureau of Boating and Education
1601 Elmerton Avenue
P.O. BOX 67000
Harrisburg, PA 17106-7000
Attention: Mr. Dan Martin

<table>
<thead>
<tr>
<th>Auxiliarist</th>
<th>Vessel Name/ID#</th>
<th>Patrol Area</th>
<th>Patrol Type</th>
<th>Patrol Dates</th>
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NR OPS-4 REQUEST FOR FLIGHT ORDERS (Rev. 11/05)

Date of request: _______________ Order #: _______________

Requested by: _______________ Phone: _______________

Member #: ___________ Unit: ___________ Facility #: N ___________

Date of flight: _______________ Alternate date: _______________

PIC:
   Name: _______________ Member #: _______________ Unit: _______________

Aircrew:
   Name: _______________ Member #: _______________ Unit: _______________
   Name: _______________ Member #: _______________ Unit: _______________

Instructor(s):
   Name: _______________ Member #: _______________ Unit: _______________
   Name: _______________ Member #: _______________ Unit: _______________

Trainee(s):
   Name: _______________ Member #: _______________ Unit: _______________
   Name: _______________ Member #: _______________ Unit: _______________

Purpose of Flight:

Area Familiarization
Communications Training
Mission Currency
Mission: _______________
Observer Training
SAR
SAR Training
Other: _______________

Pilot Training
Safety & Pollution Patrol
Overflight
Who: _______________
Transport
Who: _______________

Route or location of Flight:

_____________________________

_____________________________

Landline call just prior to flight will be to (CG unit): _______________

Guard will be kept with (CG unit): _______________

NOTE: PIC MUST COMPLETE AND FAX TO DSO-AV PRIOR TO FLIGHT

Approved: _______________ Date: _______________

DSO-AV Sign
SPECIAL PURPOSE FACILITY OFFER FOR USE
(Rev. 11/05)

Member Name: _______________________________  EMPLID / Unit Number: __________________________
Phone Number: _______________________________

Special Purpose Facility Annual Inspection – Required Items

1. Registered in appropriate State  Y / N
2. Manual propulsion (e.g. – oars, paddles)  Y / N
3. Dewatering device (e.g. – bucket, scoop, hand pump)  Y / N
4. Three Type 4 (throwable) PFD’s  Y / N
5. Class B fire extinguisher  Y / N
6. Sound producing device (e.g. – whistle, air horn)  Y / N
7. First aid kit  Y / N
8. Storm light (battery powered)  Y / N
9. Three dock lines (minimum 20ft length; eye spliced on one end)  Y / N

Special Purpose Facility Annual Inspection – Optional Items

1. Outboard/electric motor (must have kill switch)  Y / N
2. VHF radio or cellular phone  Y / N

Inspected by: _______________________________   Date: _______________________________

1. I hereby offer the following vessel for use as a Special Purpose Facility on authorized Auxiliary missions:
   b. Registration Number: ______________________ Hull ID Number: __________________________
   c. Type of Propulsion: __________________________________________________________________
   d. Location: __________________________________________________________________________
   e. Trailerable: Y / N

2. When I am aboard as a crew member, I authorize any qualified member _________________ to operate this facility under Coast Guard orders.

3. When I am not aboard, I authorize the following members to operate this facility under Coast Guard orders, contingent on their status as current in their qualification:
   a. Any currently qualified member of: ________________________________________________
   b. Member Name / EMPLID: _________________________________________________________
   c. Member Name / EMPLID: _________________________________________________________
   d. Member Name / EMPLID: _________________________________________________________

4. This offer is valid for __________ months / one year from the date of facility inspection provided that it is accepted for use and not otherwise specifically revoked by me.

___________________________
(Member sign / forward to DIRAUX)

Date: _______________________________

Accepted  /  Rejected (reason for rejection: _______________________________________________________

Encl. 1 to CGDFIVEINST 16791.1D
SARDET Name: ______________________________

Member Name: _______________________________________________________________

EMPLID / Unit:_______________________________________________________________

1. **SARDET Communications Watchstander.**

   a. Current operations workshop. ______________________________

   b. Crew or higher in BCQP or Comms specialty course (or previously qualified). ______________________________

   c. Location of circuit breakers / water shutoff, heater controls / shutoff, and firefighting equipment. ______________________________

   d. Docking facilities. ______________________________

   e. Complete daytime underway area familiarization. ______________________________

   f. Area of operation. ______________________________

   g. Know location and capabilities of other SAR resources.

      (1) Air Station Atlantic City. ______________________________

      (2) Local Coast Guard units. ______________________________

      (3) Local fire & police departments. ______________________________

      (4) Auxiliary facilities. ______________________________

      (5) Local marinas and commercial salvage operators. ______________________________

      (6) Local medical facilities. ______________________________

      (7) Launch ramps. ______________________________

   h. Understand use of:

      (1) VHF-FM equipment. ______________________________

      (2) Telephone (use restrictions). ______________________________
Date / SARDET Supervisor Initials

1. Be familiar with the following publications:
   
   (1) Light List, Coast Pilot, local charts. __________________________
   
   (2) CCGD5 SOP, Sector Op Orders & SOP. __________________________
   
   (3) D5-NR Policy Manual and National SAR Manual. ________________
   
   (4) Radio log and procedures. __________________________

2. SARDET Vessel Crew Member Requirements.
   
   a. Qualified as crew or coxswain. __________________________
   
   b. Complete on-the-water day and night familiarizations. ________________

3. SARDET Vessel Coxswain Requirements.
   
   a. Current coxswain designation. __________________________
   
   b. Completed SARDET vessel crew member requirements. ________________

4. SARDET Supervisor Requirements.
   
   a. Qualified or previously qualified in BCQP. __________________________
   
   b. Understands SARDET qualification sign-off procedures. ________________
   
   c. Understands SARDET reporting and filing requirements (radio log and SARDET report). ________________
   
   d. Understands Comms Watch Stander requirements. __________________________
   
   e. Appointed by SARDET Coordinator. __________________________

5. SARDET Coordinator Requirements.
   
   a. Qualified SARDET Supervisor. __________________________
   
   b. Recommended by DDC-R. __________________________
   
   c. Endorsed by DCO. __________________________
   
   d. Appointed by DIRAUX. __________________________
Encl. 1 to CGDFIVEINST 16791.1D

<table>
<thead>
<tr>
<th>5NR OPS-7</th>
<th>PADDLE CRAFT FACILITY INSPECTION AND OFFER FOR USE FORM (07/11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PAGE 1 OF 2)</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION I - OWNER'S DATA - Completed by owner**

- **OWNER'S MEMBER ID NUMBER**
- **CO-OWNER'S MEMBER ID NUMBER**
- **TYPE OF OWNERSHIP:** [all owners must sign section III]
  - SOLE:
  - AUX UNIT:
  - GOVT:
  - MULTIPLE:
  - CORPORATE:

- **OWNER'S LAST NAME**
- **OWNER'S FIRST NAME**
- **OWNER'S MIDDLE INITIAL**
- **CO-OWNER'S LAST NAME**
- **CO-OWNER'S FIRST NAME**
- **CO-OWNER'S MIDDLE INITIAL**

**SECTION II FACILITY DATA - Completed by owner**

- **STATE REGISTRATION NUMBER**
- **HULL ID NUMBER**
- **FACILITY NUMBER**
- **VEssel LOCATION (ZIP CODE)**
- **MANUFACTURER**
- **MODEL**
- **YEAR**
- **LENGTH**
- **DEPTH**

**OLD FACILITY NUMBER - If this facility replaces one currently recorded enter old number here:**

- **PADDLE CRAFT TYPE**
- **FACILITY HULL/DECK COLOR**
- **VALUE (HULL)**
- **VALUE ATTACHMENTS**
- **VALUE (ELECTRONICS)**
- **VALUE (GEAR)**
- **VALUE (Total)**

**SECTION III OWNER STATEMENT, UNIT, AND SIGNATURE-COMPLETE BY OWNER (S)**

- **THE ABOVE PADDLE CRAFT IS OFFERED FOR USE AS A PC FACILITY UNTIL WITHDRAWN, IN ACCORDANCE WITH THE APPLICABLE LAWS THAT ARE IN EFFECT AT THE TIME THE FACILITY IS ACCEPTED, USED, AND RELEASED SUBJECT TO CONDITIONS AND LIMITATIONS DETERMINED BY THE ORDER ISSUING AUTHORITY. (WE) AGREE TO NOTIFY DIRAUX OF ANY CHANGES TO THIS FACILITY OR EQUIPMENT AND STATE THAT ALL OF THIS EQUIPMENT WILL BE ON BOARD THE FACILITY WHEN UNDERWAY UNDER ORDERS. (WE) CERTIFY THAT ALL THE ENTRIES IN SECTIONS I THROUGH III ARE CORRECT AND CURRENT**

- **signature of owner**
- **date**
- **district**
- **division**
- **flotilla**

**SECTION IV USCGAU;UX VE'S ENDORSEMENT - COMPLETED BY USCGAU;UX VE**

- **I HAVE INSPECTED THE PADDLE CRAFT ABOVE AS A PC FACILITY AND CERTIFY THAT IT MEETS ALL THE REQUIREMENTS AS SUCH.**

- **INSP DATE**
- **VE EMLID #**
- **VE UNIT #**

- **VE name (Print)**
- **VE signature**

**SECTION V ACCEPTANCE - COMPLETED BY DIRAUX**

- **THIS FACILITY ISAccepted AS A PC FACILITY OF THE US COAST GUARD AUXILIARY, DISTRICT 5 NR.**

- **DIRAUX Signature**
- **Date**

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## SECTION VI VSC REQUIREMENTS FOR PC FACILITIES - COMPLETED BY USCGAUX VE
### CHECK OFF SHEET
(PAGE 2 OF 2)

<table>
<thead>
<tr>
<th>OK</th>
<th>N/A</th>
<th>ITEM</th>
<th>OK</th>
<th>N/A</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Waterproof VHF marine radio</td>
<td></td>
<td></td>
<td>Hull &amp; Deck Sound</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Watch, (waterproof)</td>
<td></td>
<td></td>
<td>Hatch Covers (good condition/secure)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cell Phone in waterproof container</td>
<td></td>
<td></td>
<td>Deck lines &amp; Bungee Cords</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flashlight or headlamp</td>
<td></td>
<td></td>
<td>Hardware secure (working order)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GPS</td>
<td></td>
<td></td>
<td>Bulkheads/airbags/flotation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-rescue system*</td>
<td></td>
<td></td>
<td>Paddle/Oars good condition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paddle leash</td>
<td></td>
<td></td>
<td>Sound Signal (whistle, horn)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spray skirt</td>
<td></td>
<td></td>
<td>Manual pump for dewatering</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compass, hand-held or mounted</td>
<td></td>
<td></td>
<td>Sponge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rescue throw bag</td>
<td></td>
<td></td>
<td>Paddle Smart Identification Sticker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spare paddle/Oar</td>
<td></td>
<td></td>
<td>PPE: (each paddler)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First Aid Kit</td>
<td></td>
<td></td>
<td>CG issued strobe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency survival blankets (2)</td>
<td></td>
<td></td>
<td>Signal Mirror</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Towline</td>
<td></td>
<td></td>
<td>Knife (3” blade)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chart of Local Area</td>
<td></td>
<td></td>
<td>PFD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Printed pre-underway checklist</td>
<td></td>
<td></td>
<td>sunglasses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pen or pencil</td>
<td></td>
<td></td>
<td>AUX ball cap or tilley hat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notebook/logbook</td>
<td></td>
<td></td>
<td>Water/hydration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>National Ensign (if practical)</td>
<td></td>
<td></td>
<td>energy food/eg powerbar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CGAUX patrol ensign (if practical)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patrol Signboards (optional)</td>
<td></td>
<td></td>
<td>REGISTRATION PAPERS (if registered)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Visual Distress Signal (as required)*</td>
<td></td>
<td></td>
<td>Assent &amp; auth for multiple owners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dry bag with dry clothes *</td>
<td></td>
<td></td>
<td>Authorization for corporate offer for use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PEPIRB (supplied by DIRAUX)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## SECTION VII OPERATION OF AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner

The following PC operators may operate my PC facility under orders:

<table>
<thead>
<tr>
<th>Name</th>
<th>EMPLID</th>
<th>Dist</th>
<th>Div</th>
<th>Flot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

__ My PC may be used by used by any qualified PC operator under orders __

__ My PC may be used to train PC operators under orders __

__ I choose not to have anyone operate my PC other than myself __

_____ Owner’s initials for Section VII

---

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PC FACILITY INSPECTION AND OFFER FOR USE FORM
INSTRUCTIONS

SECTION I, OWNER’S DATA
The owner holding the largest percentage of ownership enters their seven-digit member ID number. If this owner is not Auxiliary, then enter “non AUX”. If the facility has multiple owners, attach “Assent and Authorization for use” information outlined in the Auxiliary Operations Policy Manual. If the facility is corporately owned, leave the member ID blank. If corporately owned, attach the “Corporate Resolution” authorizing offer for use as outlined in the Auxiliary Operations Policy Manual.

OWNER’S LAST NAME Enter the last, first, and middle initial that correspond to the member number. For corporately owned facilities, enter the Corporation’s name.

SECTION II, FACILITY DATA

REGISTRATION- Enter the State registration number, if the facility is registered
HULL ID - HID number is found on the hull, at the stern, and sometimes inside
FACILITY NUMBER- will be assigned when accepted
VESSEL LOCATION- The zip code where the PC is located or berthed
MANUFACTURER- Enter the name of the manufacturer of the vessel
MODEL - Enter the model name
YEAR- Enter year of manufacture, if known
LENGTH, BEAM- State the length and beam in feet and inches
PADDLE CRAFT TYPE- list material, then style
P (Plastic), F (Fiberglass), W (wood), O (other)
Solo K (solo kayak), Solo C (solo canoe), Tand K (tandem kayak), Solo SK (solo sit atop Kayak), Tand SK (tandem sit atop Kayak), Tand C (Tandem Canoe), Row(row boat)
COLOR - Describe the hull and deck color
Values- Enter the fair market value of the items. If new, enter the cost.

Note: The sum total of the values cannot exceed the value of the entire vessel.

SECTION III- Owner’s statement, unit, and signature
Check the appropriate boxes but be sure you fully understand the statements. Any questions should be answered to the owner’s complete satisfaction prior to signing and dating the form. Remember, before a facility can be accepted for use, ALL appropriate information must be provided to and approved by the Director. Enter the District/Division/Flotilla number to which the facility is associated.

SECTION IV- USCGAUX VE’s ENDORSEMENT (To be completed by USCGAUX VE only)
If facility does not meet requirements, return VE-s signed form to owner. Don’t forward to Director for signature. Enter the date of the inspection. Enter your seven digit member ID number. Enter your District/Division/Flotilla numbers. Print VE name and sign the form. Forward in accordance with District policy.

SECTION V- DIRAUX ENDORSEMENT (To be completed by authorized personnel only)
Make sure required documents are attached before signing. Confirm (or issue) district call sign in SECTION I. Sign and date the form. Forward copies in accord with District policy.

SECTION VI- REQUIREMENTS FOR PC FACILITIES (To be completed by a USCG VE only).
Check the appropriate boxes.
*Self Rescue System: whatever needed for wet exit/reentry, eg paddle float.
*VDS as required by local authority/conditions.
*Dry bag/dry clothes not required if dry suit worn
Some items are N/A, depending on type of vessel, e.g. rowboat doesn’t need paddle leash
Make sure required documents are attached.

SECTION VII- OPERATION OF AUXILIARY FACILITY BY A NON-OWNER
Check the applicable box and fill in the member name, number, division and flotilla of those members authorized to use your facility. You may designate groups of operators by substituting a unit number instead of names; i.e. any PC operator in a flotilla, or division. In the name field, enter “ALL”, then the applicable unit numbers.
5NR BCQP-2  
QE AFTER ACTION REPORT  
(Rev. 11/11)

DATE:____________________  LOCATION:_____________________________________

QE NAME:________________________   EMPLID / UNIT:__________________________

**TRAINEES**

<table>
<thead>
<tr>
<th>NAME(S)</th>
<th>EMPLID / UNIT</th>
<th>TASK LEVEL</th>
<th>READINESS</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Crew</td>
<td>Cox’n</td>
</tr>
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</tbody>
</table>

GENERAL COMMENTS (include comments on mentor effectiveness):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

(QE sign)  
(Send directly to AQEC)
5NR BCQP-3  TRAINEE AFTER ACTION REPORT  (Rev. 11/11)

DATE:____________________  LOCATION:_________________________________________

TRAINEE NAME:________________________  EMPLID / UNIT:________________________
QE NAME:_______________________________

LEVEL OF TASKS:  Crew  Coxswain  PWO

GENERAL COMMENTS:
_________________________________________________________________________________
_________________________________________________________________________________
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_________________________________________________________________________________

______________________________
(Trainee sign)

(Send directly to AQEC)
QE CANDIDATE CRITIQUE FORM (COXSWAIN AND PWO)  

NAME:___________________________________  EMPLID / UNIT:___________________________________

(QE candidate - print)

DATE:_______________  LOCATION:___________________________________

QE-IN-CHARGE: Feel free to elaborate on any of the following questions using the back of this form. Please use the question number as a reference when making your additional comments. Some may be "yes" or "no" answers.

1. Did QE candidate arrive on time? ____________
2. Was QE candidate in proper uniform and wearing proper boat shoes? _______
3. Was the uniform clean and presentable? ___________
4. Was the vessel or PWC properly equipped? ___________
5. Was the vessel or PWC under orders? ____________
6. Was there qualified crew aboard? ______________
7. Was the vessel or PWC flying the operational ensign and have signboards mounted? ___________
8. Was the QE Candidate able to plot and run a search pattern (Boat Crew only)? ___________
9. Explain which search pattern was used on the back of this form (Boat Crew only).
10. Was the QE candidate able to take a disabled vessel in a stern tow in a reasonable time? __________
11. Did the QE candidate communicate well with the crew (Boat Crew only)? ___________
12. Were the QE candidate's orders easily understood by the crew (Boat Crew only)? __________
13. Were the commands given in ample time (Boat Crew only)? ___________
14. Did the candidate require the crew to acknowledge the orders (Boat Crew only)? __________
15. Was the QE candidate able to convert the stern tow to an alongside tow in a reasonable time (Boat Crew only)? __________
16. How did the QE candidate maneuver the disabled boat to a dock? __________
17. Were all lines used appropriately? (Boat Crew Only)? ____________
18. Was the QE candidate able to keep positive control of the PWC during emergency turn and slalom runs (PWC only)? ____________
19. Did the QE candidate determine the injuries of the PIW before picking up the person (PWC only)? ___________
20. Give your opinion on the candidate's overall boat or PWC handling skills:

__________________________________________________________________________________________

21. Would you want the QE candidate to act as Coxswain or Personal Watercraft Operator on your vessel or PWC? __________
22. Describe your general assessment of how well this QE candidate will perform as a QE?

__________________________________________________________________________________________

__________________________________________________________________________________________

23. Did the QE candidate demonstrate the ability to understand and process all paperwork relating to the Boat Crew Qualification Program or Personal Water Craft Qualification? __________
24. Has the QE candidate attended an 8-hour TCT workshop in the last year? __________

QE: __________________________________________

(Sign; Send to CQEC)
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the QE candidate arrive on time?</td>
<td>____________</td>
</tr>
<tr>
<td>2. Was the QE candidate in proper uniform?</td>
<td>____________</td>
</tr>
<tr>
<td>3. Was his/her uniform clean and presentable?</td>
<td>____________</td>
</tr>
<tr>
<td>4. Did the QE candidate bring his/her Boat Crew Seamanship Manual?</td>
<td>____________</td>
</tr>
<tr>
<td>5. Did the QE candidate bring his/her Boat Crew Training and Qualification Guide?</td>
<td>____________</td>
</tr>
<tr>
<td>6. Did the QE candidate bring his/her PFD (if required)?</td>
<td>____________</td>
</tr>
<tr>
<td>7. Did the QE candidate ask appropriate QE questions?</td>
<td>____________</td>
</tr>
<tr>
<td>8. Please explain (below) what types of questions were asked.</td>
<td></td>
</tr>
<tr>
<td>9. Did the QE candidate understand the orientation?</td>
<td>____________</td>
</tr>
<tr>
<td>10. How did the QE candidate interact with the BCQP candidate?</td>
<td>____________</td>
</tr>
<tr>
<td>11. Did the QE candidate understand the paperwork required at the end of a mission?</td>
<td>____________</td>
</tr>
<tr>
<td>12. Describe your general assessment of how well this QE candidate will perform as a QE.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
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QE: __________________________________________
(Sign; Send to CQEC)
Encl. 1 to CGDFIVEINST 16791.1D

5NR BCQP-6 QE CANDIDATE CRITIQUE FORM (Rev. 11/11)
(Supervised QE Mission)

NAME:_________________________________  EMPLID / UNIT:_________________________
(QE candidate - print)

DATE:______________  LOCATION:_________________________________

QE-IN-CHARGE: Feel free to elaborate on any of the following questions using the back of this form. Please use the question number as a reference when making your additional comments. Some may be "yes" or "no" answers.

1. Did the QE candidate arrive on time? ____________
2. Was the QE candidate in proper uniform? ____________
3. Was the uniform clean and presentable? ____________
4. Did the QE candidate bring Boat Crew Qualification Program or PWC manuals and guide? ____________
5. Was QE candidate introduced at the orientation meeting? ____________
6. After assignment to a trainee, did the QE candidate re-introduce himself/herself and set the trainee at ease before asking questions? ____________
7. Was the QE candidate’s demeanor professional yet friendly? ____________
8. Did QE candidate confine their evaluation of the trainee’s responses to the appropriate Qualification Guides? ____________
9. Did QE candidate properly utilize time with the trainee? ____________
10. If the trainee answered any questions incorrectly, incompletely or did not know the answer, please describe on the back of this form how the QE candidate handled the situation?
11. Did you properly train this QE candidate on how to complete all of the paperwork relating to a QE mission and where to mail it? ____________
12. Would you want this QE candidate to have been your QE? ____________
13. Describe your general assessment of how well this QE candidate will perform as a QE.

Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

QE: _____________________________________
(Sign; Send to CQEC)