

How to complete a Short Term Training Request (STTR) form for D5NR

This form is to be used to obtain permission to travel and attend a
Coast Guard C School

Members must complete this form and obtain permission prior to
making any travel arrangements.

* * The following Covid Guidelines shall be followed to attend a Coast Guard C-School 10/18/21

- You must be fully vaccinated prior to submitting an STTR request. Unvaccinated members are not eligible to apply for admission to a C-School.
- Proof of vaccination must be carried on person while attending a C-School.
- ANSC 7101 Auxiliary High Risk Assessment Form must be on file in the Director's office. You may send a new 7101 form with the submission of the STTR request.
- Mask requirements will be determined by the instructor based on the transmission rate at that time and location. Please contact the instructor for guidance.

Short Term Training Request (STTR) Form

Auxiliary Use Only			
DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7059 (10-19)		See Instructions on page 2!!! TRAINING REQUEST (Information on this form is Privacy Act Protected, 5USC 522(a)) (When filling in items 1. thru 22. NOTE (M) MANDATORY or (O) OPTIONAL)	
		1. DATE (M)	
3. NAME (Last, Initials) (M)		4. MEMBER ID NUMBER (M)	
		5. FLOTILLA (M)	
6. MAILING ADDRESS (M)		7. TELEPHONE NUMBER (M)	
		8. EMAIL ADDRESS (M)	
9. POINT OF CONTACT (FSO-MT name) (M)		10. POINT OF CONTACT TELEPHONE NUMBER (M) AREA CODE NUMBER EXT	
11. COURSE TITLE (M)		12. COURSE NAME (M)	
13. COURSE CODE (O)		14. TRAINING SOURCE/LOCATION (M)	
		15. DATE (M) YEAR MONTH DAY	
** Should you have any questions on course acceptance, contact the course point of contact (POC) for more information (located on the national Training website calendar). ** If you have confirmed course acceptance with the POC, but have not received orders within two weeks of course convening, contact the DIRAUX office for status.			
16. STAFF OFFICER POSITIONS HELD (M)		17. MEETS COURSE PREREQUISITES (M) (e.g. Prior courses) (Check applicable) box YES NO N/A	
		18. LENGTH OF AUXILIARY SVC (YRS) (M)	
19. SUPPORTING REMARKS AND COURSE DESCRIPTION (Attach course literature; for commercial sources). (O)			
20. FIRST ENDORSEMENT FORWARDED: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) REMARKS		A. FLOTILLA DISTRICT DIVISION FLOTILLA B. DATE C. REMARKS D. TITLE E. SIGNATURE Flotilla Commander	
21. DSO ENDORSEMENT: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) DSO OFFICE DATE		A. DIST/UNIT/DIRAUX B. DATE C. REMARKS D. TITLE E. SIGNATURE	
SIGNATURE REMARKS		E. DIRAUX VETTED: YES <input type="checkbox"/> NO <input type="checkbox"/> 22. DIRAUX PROCESSING COMMENTS	

PREVIOUS EDITION IS OBSOLETE

Boxes 1 – 19 are to be filled out by the member. All information is required. These boxes are highlighted in yellow.

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9. POINT OF CONTACT (FSO-MT name) (M)		10. POINT OF CONTACT TELEPHONE NUMBER (M) AREA CODE NUMBER EXT	
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13. COURSE CODE (O)	14. TRAINING SOURCE/LOCATION (M)	15. DATE (M)	
		YEAR	MONTH
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20. FIRST ENDORSEMENT FORWARDED: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) REMARKS	A. FLOTILLA	DISTRICT	DIVISION
		FLOTILLA	B. DATE
	C. REMARKS		
	D. TITLE Flotilla Commander	E. SIGNATURE	
21. DSO ENDORSEMENT <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) DSO OFFICE DATE	A. DIST/UNIT/DIRAUX	B. DATE	
	C. REMARKS		
	D. TITLE	E. SIGNATURE	
SIGNATURE _____ REMARKS _____	E. DIRAUX VETTED: YES <input type="checkbox"/> NO <input type="checkbox"/>	22. DIRAUX PROCESSING COMMENTS	

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Member then sends form to their Flotilla Commander for approval. Commander will fill out box 20 highlighted in blue.

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		1. DATE (M)	
3. NAME (Last, Initials) (M)		A. (M) INITIAL	C. (M) CORRECTED
4. MEMBER ID NUMBER (M)		B. RESUB-MISSION (M)	D. CANCEL-LATION (M)
5. FLOTILLA (M)			
6. MAILING ADDRESS (M)		7. TELEPHONE NUMBER (M)	
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20. FIRST ENDORSEMENT FORWARDED:		DISTRICT DIVISION FLOTILLA	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) REMARKS		A. FLOTILLA	B. DATE
		C. REMARKS	
		D. TITLE Flotilla Commander	E. SIGNATURE
21. DSO ENDORSEMENT		A. DIST/UNIT/DIRAUX B. DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) DSO OFFICE DATE		C. REMARKS	
		D. TITLE E. SIGNATURE	
SIGNATURE		E. DIRAUX VETTED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS		22. DIRAUX PROCESSING COMMENTS	

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Flotilla
 Commander
 will then
 send form to
 the DSO-MT
 for approval
 Box 21.

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<small>(Information on this form is Privacy Act Protected, 5USC 522(a))</small>			
<small>(When filling in items 1. thru 22. NOTE (M) MANDATORY or (O) OPTIONAL</small>			
1. DATE (M)		2. REQUEST STATUS (Check one)	
A. (M) INITIAL		C. (M) CORRECTED	
B. RESUB-MISSION (M)		D. CANCEL-LATION (M)	
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<input type="checkbox"/> DISAPPROVED (Remarks required)		FLOTILLA	DATE
REMARKS		C. REMARKS	
		D. TITLE	E. SIGNATURE
		Flotilla Commander	
21. DSO ENDORSEMENT		A. DIST/UNIT/DIRAUX	B. DATE
<input type="checkbox"/> APPROVED		C. REMARKS	
<input type="checkbox"/> DISAPPROVED (Remarks required)		D. TITLE	
DSO OFFICE DATE		E. SIGNATURE	
SIGNATURE		E. DIRAUX VETTED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS		22. DIRAUX PROCESSING COMMENTS	

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DSO-MT will approve or send back with corrections required. If approved DSO-MT will send to Diraux for final approval.

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20. FIRST ENDORSEMENT FORWARDED: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 60%; vertical-align: top;"> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) REMARKS </td> <td style="width: 10%;">A. FLOTILLA</td> <td style="width: 10%;">DISTRICT</td> <td style="width: 10%;">DIVISION</td> <td style="width: 10%;">FLOTILLA</td> <td style="width: 10%;">B. DATE</td> </tr> <tr> <td colspan="5">C. REMARKS</td> </tr> <tr> <td colspan="4">D. TITLE Flotilla Commander</td> <td colspan="2">E. SIGNATURE</td> </tr> <tr> <td colspan="3">A. DIST/UNIT/DIRAUX</td> <td colspan="3">B. DATE</td> </tr> <tr> <td colspan="6">C. REMARKS</td> </tr> <tr> <td colspan="4">D. TITLE</td> <td colspan="2">E. SIGNATURE</td> </tr> <tr> <td colspan="6">E. DIRAUX VETTED: YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> </table>				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required) REMARKS	A. FLOTILLA	DISTRICT	DIVISION	FLOTILLA	B. DATE	C. REMARKS					D. TITLE Flotilla Commander				E. SIGNATURE		A. DIST/UNIT/DIRAUX			B. DATE			C. REMARKS						D. TITLE				E. SIGNATURE		E. DIRAUX VETTED: YES <input type="checkbox"/> NO <input type="checkbox"/>					
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Member will be notified by the Director's office when final approval is completed.

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