#### 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 facility has multiple owners, attach "Assent 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 corporate owned facilities, enter the Corporation's name.

### **SECTION II, FACILITY DATA**

**REGISTRATION-** enter the State registration number, if registered

HULL ID- HID number is found on the hull, at the stern, sometimes located inside

FACILITY NUMBER- assigned by DIRAUX when excepted

**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 the year of manufacture, if known

LENGTH, BEAM- state the length and beam in feet and inches

PADDLE CRAFT TYPE- list the 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** (rowboat)

COLOR- describe the hull and deck color

VALUES- Enter the fair market value of the items. If new, enter the initial cost.

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

### **SECTION III- Owner's statement, unit, signature**

Check the appropriate boxes but be sure you 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 to which the facility is associated.

## SECTION IV- USCGAUX VE'S ENDORSEMENT (completed by USCGAUX VE only)

If facility does not meet requirements: return form to owner. Do not forward to DIRAUX. If facility meets all requirements: enter date of inspection, enter VE's seven digit member ID number, enter District/Division/Flotilla numbers, print VE name and sign the form. Forward the form in accordance with District Policy.

## SECTION V- DIRAUX ENDORSEMENT (completed by DIRAUX authorized personnel only)

Ensure required documents are attached. Confirm (or issue for initial acceptance) district call sign in SECTION I. Sign and date form. Forward copies in accordance with District policy.

## SECTION VI- REQUIREMENTS FOR PC FACILITIES (completed by USCGAUX VE only)

- \*Self Rescue System: gear necessary for wet exit/reentry; i.e. paddle float.
- \*VDS as required by local authority/conditions.
- \*Dry bag/dry clothes not required if a dry suit is worn

Some items are N/A, depending on type of vessel, i.e rowboat doesn't need paddle leash.

<u>5NR-OPS-7</u>	PADDLE CRAFT FACILITY INSPECTION AND OFFER FOR USE FORM (04/14)								
Use this form for all D5 PDLCFT	(PAGE 1 OF 2)	INITIAL (NEW) REPORT							
	,	REINSPECTION (REOFFER)							
		CHANGE							
SECTION I - OWNER'S DATA - Completed by owner									
OWNER'S MEMBER ID NUMBER	pieted by owner	TYPE OF OMMERCHER ( III							
		TYPE OF OWNERSHIP: (all owners must sign section III)							
CO-OWNER'S MEMBER ID NUMBER		SOLE:    AUX UNIT:    GOV'T:    MULTIPLE:     CORPORATE:							
ONAMEDIC LACTINANAE									
OWNER'S LIBST NAME		CO-OWNER'S LAST NAME:							
OWNER'S FIRST NAME OWNER'S MIDDLE INITIAL		CO-OWNER'S FIRST NAME:							
OWNER 3 MIDDLE INTTAL		CO-OWNER'S WIIDDLE INITIAL.							
SECTION II FACILITY DATA - Completed by owner									
STATE REGISTRATION NUMBER		(may be N/A)							
Call Sign/Name issued by DIRAUX									
HULL ID NUMBER									
FACILITY NUMBER		(if reinspection or change) DIRAUX Issued for initial							
VESSEL LOCATION (ZIP CODE)		Town, State:							
MANUFACTURER		Latitude/Longitude:							
MODEL									
YEAR		Availability: All Weekends Weeknights							
LENGTH									
BEAM OLD FACILITY NUMBER - If this facility repla	ess and surrently recorded enter old n	umbar bara:							
PADDLE CRAFT TYPE		umber here:							
FACILITY HULL/DECK COLOR									
VALUE (HULL)	\$								
VALUE ATTACHMENTS	\$	PADDLES, OARS, RUDDER, SAIL							
VALUE (ELECTRONICS)	\$								
VALUE (GEAR)	\$	DECK BAG, THROW BAG, SPRAY SKIRT, LEASH, ETC							
VALUE ( Total)	\$								
SECTION III OWNER STATEMENT, U	JNIT, AND SIGNATURE-COMPLE	TE 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. I (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 I (WE) CERTIFY THAT ALL THE ENTRIES IN SECTIONS I THROUGH III ARE CORRECT AND CURRENT									
		· ·							
signature of owner	date di	strict division flotilla							
	/								
SECTION IV USCGAUX VE'S ENDOR	SEMENT - COMPLETED BY USCO	GAUX VE							
I HAVE INSPECTED THE PADDLE CRAFT ABOVE	AS A PC FACILITY AND CERTIFY THAT IT MEE	TS ALL THE REQUIREMENTS AS SUCH.							
INSP DATE VE EMPLID # VE UNIT #									
VE name ( Print) VE signature									
SECTION V ACCEPTANCE- COMPLE	TED BY DIRALIX								
THIS FACILITY IS ACCEPTED AS A PC FACILITY OF THE US COAST GUARD AUXILIARY, DISTRICT 5 NR and 5SR.									
THIS FACILITY IS ACCEPTED AS A PC FACILITY OF	THE 03 COAST GUARD AUXILIARY, DISTRIC	ו איז מווע סטה.							
DIRAUX -OTO Signature		Date -							
	Do	ate entered into AuxData							

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

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

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

The following PC operators may operate my PC facility under orders:  Name EMPLID Dist Div Flot									
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									