



## US COAST GUARD AUXILIARY FIRST DISTRICT (SR) COMMUNICATIONS

From: \_\_\_\_\_ TITLE \_\_\_\_\_ DIV \_\_\_\_\_ FLOT \_\_\_\_\_  
(Print name of inspector)

TO: District Communications Officer

VIA: SO-CM and Assistant District Communications Officer - Admin.

TYPE OF STATION (Fixed Land, Mobile, DF, or Fixed land/DF \_\_\_\_\_)

OWNER OF RECORD (Top line of CG2736A) \_\_\_\_\_

OWNER'S MEMBER NUMBER (Emp. ID#) \_\_\_\_\_ DIV \_\_\_\_\_ FLOT \_\_\_\_\_

CG AUXILIARY CALL SIGN \_\_\_\_\_  
(Obtained from SO-CM. This is not the NM or NF number)

HOME TEL. # \_\_\_\_\_ ALTERNATE TEL # \_\_\_\_\_

HAM CALL SIGN \_\_\_\_\_ MOBILE HAS 4WD \_\_\_\_\_ RADIO HAS DSC \_\_\_\_\_

For Fixed Land or DF Stations:

NEAREST CITY, VILLAGE, OR MUNICIPALITY \_\_\_\_\_

COORDINATES: LAT. \_\_\_\_\_ ° ' N LON \_\_\_\_\_ ° ' W  
(In degrees and decimal minutes)

\_\_\_\_\_  
(Signature of inspector) (Date)

REVIEWED BY SO-CM \_\_\_\_\_  
(Signature of SO-CM) (Date)

OBTAIN CALL SIGN FROM SO-CM PRIOR TO STATION INSPECTION. RENEWALS MAY USE PREVIOUS YEARS CALL SIGN IF THERE HAS BEEN NO LAPSE OF FACILITY STATUS.

FOLLOWING THE INSPECTION, ATTACH TWO COMPLETED COPIES OF THIS FORM TO THE ANSC7004. SEND THE SET TO THE SO-CM. SO-CM TO VERIFY DETAILS AND FORWARD ANSC7004 AND ONE 1SR-6 FORM TO THE ADSO-CM/ADMIN. THE SECOND COPY OF THIS FORM SHOULD BE RETAINED BY SO-CM.  
**APPLICATIONS RECEIVED WITHOUT THIS FORM WILL BE REJECTED.**