



U.S. DEPARTMENT OF TRANSPORTATION
UNITED STATES COAST GUARD AUXILIARY

Date: _____

From: _____, _____
Print Name Member Number

Print Name Co-Owner Member Number

To: Director of Auxiliary, First Coast Guard District SR

Subj: OPERATION OF AUXILIARY OPERATIONAL FACILITY BY A NON-OWNER

Ref: Auxiliary Operations Policy Manual COMDTINST M16798.3 (series)

1. I/We authorize the Auxiliarists listed below to operate my/our operational
Facility, _____ under reimbursable or
(Reg. Or Doc. Number) (Aux. Call Sign)
non-reimbursable orders issued by the United States Coast Guard, contingent on
their being qualified for such orders in accordance with current directives.

2. This letter is valid for the _____ season with/without me/us aboard,
unless specifically revoked by me/us. Please print authorized Coxswain's name(s).

- A. _____ D. _____
B. _____ E. _____
C. _____ F. _____

Attach additional sheet of paper if needed.

Signature

Signature Co-Owner

Witness:

Print Name

Signature

Date

Copy: CG _____
DSO-OP 1SR