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 Auxiliarist’s listed below to operate **my/our** operational facility, ________________, (Reg. or Doc. Number) under reimbursable or non-reimbursable orders issued by the United States Coast Guard, (Aux. Call Sign) 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**.

3. Please print authorized Coxswain’s name(s).

   A. ________________________________ 
   B. ________________________________
   C. ________________________________
   D. ________________________________
   E. ________________________________
   F. ________________________________

Attach additional sheet of paper if needed

________________________________   __________________________________________
Signature   Signature Co-Owner

Witness:

________________________________
Print Name

________________________________   ______
Signature   Date

Copy: CG  __________
      DSO-OP 1SR

rev’d: 07/2012