U.S. DEPARTMENT OF HOMELAND SECURITY

UNITED STATES COAST GUARD AUXILIARY

Date: _____

From: _____, _____, _____

Print Owner Name | Member Number | SSN

_____, _____, _____

Print Co-Owner Name | Member Number | SSN

To: **Director of Auxiliary, USCG D1SR**

Subject: **OPERATION OF AUXILIARY OPERATIONAL FACILITY BY A NON-OWNER**

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

1. **I / We** authorize the Auxiliary Members listed below to operate **my / our** operational Facility, N_____, CGX _____ under reimbursable or non-reimbursable orders issued by the United States Coast Guard, contingent on them being qualified for such orders in accordance with current directives.

(Registration Number) (Aux. Call Sign - 3 last digits of N number)

2. This letter is valid for calendar year(s)_____ **with / without** **me / us** aboard, unless specifically revoked by **me / us**. Please print authorized Pilot name **and** Member ID#.

A. _____, ID# _____ D. _____, ID# _____

B. _____, ID# _____ E. _____, ID# _____

C. _____, ID# _____ F. _____, ID# _____

(Attach additional sheet of paper if needed)

_____, _____

Signature, Owner | Signature, Co-Owner

Witness:

_____, _____, _____

Print Name | Signature | Date

Copy: CG _____

DSO-OP 1SR