

Department of Homeland Security U.S. Coast Guard BASEALAHSG-035 (05/14)		UPH BERTHING REQUEST AND AVAILABILITY/NON-AVAILABILITY FORM	
SECTION A: MEMBER INFORMATION			
1. Name (Last, First, M.I.):		2. Rate/Rank:	3. EMPLID:
4. Unit Information (Name, OPFAC, Address, POC, and Phone #): CCGEleven (dpa-n) Auxiliary Director of Auxiliary d11auxnorthern@uscg.mil			
5. Dates Lodging Needed:			
a. Check – in: Check- Out: Total # of nights:			
b. Check – in: _____ Check- Out: _____ Total # of nights: _____			
SECTION B: MEMBER’S SUPERVISOR INFORMATION & APPROVAL (as required)			
1. Supervisor (Name, Unit, Phone): BOSN 2 Thomas Perez Operations Training Officer, CCGDELEVEN (dpa-n), 510-437-3315			
2. Comments:			
3. Signature:		4. Date:	
FOR OFFICE USE ONLY			
SECTION C: MAA AUTHORIZATION			
1. AVAILABILITY <input type="checkbox"/> NON-AVAILABILITY <input type="checkbox"/>		2. Comments:	
3. Room #	4. Bed #	5. MAA Signature:	6. Date:
All members must bring a copy of their orders upon checking in. For after Hours Check-in contact the Base Alameda Watch stander at (510) 469-3896. Please ensure the UPH Instruction Packet is returned upon check out. For any questions please contact the MAA at the UPH Office (510) 437-3535 during normal working hours.			Non-Availability Issuance # _____