

# FACILITY ORDERS REQUEST

*\*\* (Complete one form for each facility. Turn in with ANSC 7003 Vessel Facility Inspection and Offer for Use) \*\**

Facility Type:    Vessel       PWC       Land Mobile       Aircraft

Facility Name (boats only): \_\_\_\_\_

Facility #: \_\_\_\_\_ Land Mobile Call Sign: \_\_\_\_\_

Facility Registration/Documentation #: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Owner: \_\_\_\_\_ Member #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Authorization of Non-Owner Operation:

I authorize the following members to be Coxswain (or Pilot in Command) and Operator of the above facility under authorized Coast Guard orders:

Name (Print Clearly)	Member #	Owner must be on board	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Keep a copy of this form so you may add new coxswains throughout the year. Just fax or mail this form again if you add more coxswains.\*\****

Mail or Fax to:  
COMMANDER (dpa-N)  
ELEVENTH COAST GUARD DISTRICT  
COAST GUARD ISLAND, Bldg. 50-2  
ALAMEDA, CA 94501-5100  
Fax: (510)437-2728