



| | | |
|---|---|---|
| DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2736A (Rev. 3-95) | UNITED STATES COAST GUARD AUXILIARY RADIO FACILITY INSPECTION AND OFFER FOR USE FORM | <input type="checkbox"/> INITIAL (NEW) REPORT <input type="checkbox"/> REINSPECTION <input type="checkbox"/> CHANGE |
|---|---|---|

SECTION I - DATA

| | | | |
|--|---------------------------------|------------------------|--|
| MEMBER NUMBER (1-10) | TRANS CODE (11-13) | LAST NAME (14-25) | FIRST NAME AND INITIAL (Do Not Key Punch) |
| | 0 3 B | | |
| FAC. STATUS (28-30) | FACILITY IDENTIFICATION (31-36) | FAC. INSP DATE (39-44) | IF THIS RADIO FACILITY REPLACES ONE CURRENTLY RECORDED, LIST OLD RADIO IDENTIFICATION NUMBER |
| P R | | | OLD ID # (45-52) |
| PERCENT OF OWNERSHIP | DESCRIPTION OF STATION LOCATION | | |
| STREET ADDRESS OF STATION (<input type="checkbox"/> SAME AS SECTION III) | | CITY | STATE ZIP CODE |
| NAME AND ADDRESS OF PROPERTY OWNER WHERE STATION IS LOCATED (<input type="checkbox"/> SAME AS SECTION III) | | | |

SECTION II - RADIO FACILITY DATA

| | | | |
|--|---|----------------|-------------------------------------|
| 1. TYPE STATION | 2. TRANSMITTER / TRANSCEIVER (ADDITIONAL EQUIPMENT) | | |
| <input type="checkbox"/> FIXED LAND <input type="checkbox"/> RDF STATION <input type="checkbox"/> LAND MOBILE | TYPE | MAKE AND MODEL | OUTPUT (WATTS) |
| | <input type="checkbox"/> MF / HF - AM / SSB <input type="checkbox"/> VHF - FM <input type="checkbox"/> VHF - AM / SSB | | |
| 3. GOVERNMENT FREQUENCIES AVAILABLE | | | 4. EMERGENCY POWER AVAILABLE |
| <input type="checkbox"/> 2182 KHz <input type="checkbox"/> CH 16 (156.8 MHz) <input type="checkbox"/> 122.9 MHz <input type="checkbox"/> _____ <input type="checkbox"/> 2670 KHz <input type="checkbox"/> CH 22A (157.1 MHz) <input type="checkbox"/> 123.1 MHz <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> CH 83A (157.175 MHz) <input type="checkbox"/> 143.28 MHz <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> ALL 156-158 MHz <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | DESCRIBE: |

| | | | | |
|--|---|-----------|------------------|---|
| 5. RDF DATA (Complete if Facility has RDF Capability) | 6. ANTENNA INFORMATION (Fixed Land Only) | | | |
| MANUFACTURER: _____ MODEL NO.: _____ BASIC TYPE: MANUAL <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> DESIGN TYPE: ROTATABLE DIRECTIONAL ANTENNA <input type="checkbox"/> DOPPLER <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE: _____ BEARING DISPLAY: AUDIBLE <input type="checkbox"/> VISUAL <input type="checkbox"/> | MAKE/MODEL OR GENERIC TYPE | GAIN (db) | FREQ RANGE (MHz) | HEIGHT ABOVE GROUND LEVEL (METERS) / SEA LEVEL (METERS) |
| | | | | |

| | | |
|---|---|-------|
| 7. RADIO FACILITY CHECK LIST | 8. ENTER LATITUDE/LONGITUDE OF FIXED LAND ANTENNA (DEGs, M/Ns, Tenths) | |
| YES NO <input type="checkbox"/> <input type="checkbox"/> 1. RADIO LOG ADEQUATE <input type="checkbox"/> <input type="checkbox"/> 2. ANTENNA INSTALLATION: Good Condition, Properly Oriented <input type="checkbox"/> <input type="checkbox"/> 3. ADEQUATE CHECK MADE ON AVAILABLE FREQUENCIES <input type="checkbox"/> <input type="checkbox"/> 4. RDF MEETS CRITERIA OF COMDTINST M16798.3 | LAT. | LONG. |
| | 9. AUXILIARY RADIO FACILITY CALLSIGN | |

| | | |
|------------------------|-----------------------|------------------------------------|
| INSPECTOR'S MEMBER NO. | INSPECTOR'S LAST NAME | INSPECTOR'S FIRST NAME AND INITIAL |
| | | |
| SIGNATURE OF INSPECTOR | | DATE SIGNED |

SECTION III - OWNER'S MAILING ADDRESS, STATEMENT, & OFFER FOR USE

| | | | |
|--|------|-------|-------------|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| I have knowledge of the findings of the inspector as set forth above and agree to notify the Director of any changes. This Facility is offered for use and will be operated in accordance with current Coast Guard Instructions. | | | |
| SIGNATURE OF OWNER | | | DATE SIGNED |

SECTION IV - ENDORSEMENT BY THE DIRECTOR

| | |
|--|-------------|
| THIS USCG AUXILIARY FACILITY IS <input type="checkbox"/> REJECTED <input type="checkbox"/> ACCEPTED FOR USE FOR THREE (3) YEARS EXPIRES 31 DEC _____ | |
| SIGNATURE OF DIRECTOR | DATE SIGNED |

Previous Edition is obsolete

AUXILIARY RADIO FACILITY INSPECTION REPORT AND OFFER FOR USE FORM

This form is used to report a Radio Facility Inspection and Offer for Use. This form is also used to report changes in the status of an authorized facility. Radio facility inspections are valid for a period of three years and expire on 31 Dec. of the third year.

TYPE OF REPORT -- Check block to indicate initial, reinspection, or change report.

SECTION I -- DATA

MEMBER NUMBER -- (Block 1-10) Beginning in block 1, enter your Auxiliary member number.

LAST NAME -- (Blocks 14-25) Beginning in block 14, enter your last name.

FIRST NAME AND INITIAL -- Enter your first name and initial.

FAC. STATUS -- FACILITY IDENTIFICATION NUMBER -- (Blocks 26-38) Beginning in block 28, enter the facility status & ID number if known; otherwise leave blank for entry by the Director.

FAC. INSPECTION DATE -- (Blocks 39-44) Enter month, day and year of inspection. (July 4, 1995 = 070495)

PREVIOUS FACILITY ID NUMBER -- (Blocks 45-52) Enter old ID number ONLY if this facility replaces one currently authorized.

PERCENT OF OWNERSHIP -- Indicate your percent of ownership. If less than 100% (i.e., multiple ownership), then submit the information required for Multiple Ownership (see sample in Appendix D in Operations Manual) with CG-2736A. If owned by a corporation, omit owner's member number and name, then insert the word "corporation" in blocks 1-10 and the name of the corporation in blocks 14-25. Also, submit information required for Corporate-owned Facility and the Corporate Resolution (see sample in Appendixes B and C in the Operations Policy Manual).

DESCRIPTION OF STATION LOCATION -- Indicate type of property where the station is housed (i.e., truck, car, house, marina, yacht club, trailer, etc.) If transportable, enter "Transportable Facility."

STREET ADDRESS OF STATION -- If same as section III, check box; otherwise, indicate address. If transportable, enter "Transportable Facility."

NAME/ADDRESS OF PROPERTY OWNER WHERE STATION LOCATED -- If same as Section III, check box; otherwise, indicate name and address. If transportable, enter "Transportable Facility."

SECTION II -- RADIO FACILITY DATA

1. **TYPE STATION** -- Check appropriate box. (Check only one box.)
2. **TRANSMITTER/TRANSCEIVER** -- Enter make, model and output power of equipment used. **ADDITIONAL EQUIPMENT** (scanners, etc., especially in **LAND MOBILES**) may be entered in this area.
3. **GOVERNMENT FREQUENCIES AVAILABLE** -- Check those available. If not listed, enter in blank space. For VHF-FM marine transceivers with all channels, check "ALL 156-158 MHz."
4. **EMERGENCY POWER AVAILABLE** -- Describe emergency power (e.g., generator -300 watt, 1 kw, 5 kw; battery; etc.)
5. **RADIO DIRECTION FINDING DATA** -- Complete this section if the facility has RDF capabilities. Conduct the required tests, enter the test results below and forward this page with the completed inspection report.

A. Operation Test Results: (Minimum of two LOPs obtained).

#1 Station used _____ . Observed LOP _____ Actual LOP _____

#2 Station used _____ . Observed LOP _____ Actual LOP _____

#3 Station used _____ . Observed LOP _____ Actual LOP _____

B. Estimated usable range _____ NM.

C. Total time to obtain bearing _____ Seconds YOUR MEMBER NUMBER

D. Repeatability of bearing, within _____

6. **ANTENNA INFORMATION** -- Complete for Fixed Land Facilities Only. Enter antenna make (Antenna Specialists, Shakespeare, etc.) and model number or generic type (dipole, yagi, etc.). Enter the rated gain factor in decibels (db) (3 db, 6 db, etc.) and the frequency range of the antenna (2-30 MHz, 156-158 MHz, etc.). Enter two heights; above ground level which includes all supporting structures like buildings, masts, etc.; and above sea level which is the first height plus the height of local area above sea level. Enter in meters (39.37 in = 1 meter).
7. **RADIO FACILITY CHECK LIST** -- To be completed by the inspector. All items must be checked except number 4, which is for RDF only.
8. **ENTER LATITUDE AND LONGITUDE OF FIXED LAND ANTENNA** (use degrees, minutes, and tenths) -- If it is a transportable facility enter "TRANSPORTABLE FACILITY."
9. **AUXILIARY RADIO FACILITY CALL SIGN** -- Enter assigned Auxiliary call sign or, if initial inspection, the desired call sign (Call signs are subject to approval by the Director.).

INSPECTOR INFORMATION - Enter INSPECTOR's member number, last name, and first name. Inspector must complete Section II, number 7, and sign and date the form.

SECTION III -- OWNER'S MAILING ADDRESS, STATEMENT, & OFFER FOR USE Enter Owner's mailing address. Owner must sign and date the form to indicate information is correct (notify Director of any changes), the facility is offered for use, and it will be operated per current directives. The primary changes that must be reported are changes in frequencies available, antenna height, station location, or call sign.

SECTION IV -- ENDORSEMENT BY DIRECTOR This section will be completed by the director who will check the appropriate box, write in the expiration year on the line after "31 DEC" and then sign and date the form.