CGD11NR-AUX

FORM OP-8**FACILITY ORDERS REQUEST

REV. 10-01 (Patrols and Call-out Roster Information)

TO: COMMANDER (oax-n)
ELEVENTH COAST GUARD DISTRICT (NR)
COAST GUARD ISLAND, Bldg. 21
ALAMEDA, CA 94501-5100

FROM: COXSWAIN: _____ MEMBER NO: 11N-_____

ADDRESS: _____
Street City State Zip

Home telephone **:** _____ Fax:_____Cell/Pager: _____Other:_____

Work telephone: _____ E-Mail: _____

REQUEST FOR ORDERS FOR FY BEGINNING 1 OCTOBER _____

(Complete one form for each facility)

Vessel

Vessel Name: _____ CG Facility Number: _____
Vessel Registration/Documentation Number: _____ Minimum Crew: _____
Trailered? (Yes/No): _____ Length: _____ (Including Coxswain)
Location-City: _____ Harbor: _____

Personal Watercraft

Vessel Registration Number: _____ CG Facility Number: PWC __ __
Location-City: _____ Harbor: _____

Land Mobile Radio

Mobile Call Sign: _____ CG Facility Number: NM11__ __

Facility Certification: As the owner of the above facility, I certify that the facility is currently inspected as an Operational Facility. Date of Inspection: _____
Signature: _____ (Owner) Date: _____

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Coxswain Certification: I certify that I am current on all requirements as follows to receive Coast Guard orders for the above facility.
NavRules - Date: _____ Annual Requal-Date: _____Five Year Requal-Date: _____
TCT - Date: _____ Patrol Hours-Prior year: _____(Need the minimum or more)
Signature: _____ Date: _____

Authorization of Non-Owner Operation: As the owner, I authorize _____
to be the Coxswain and operator of the above facility under designated Coast Guard Orders.
Owner must be on board (Yes/No): _____
Signature: _____(Owner) Member Number: _____ Date: _____

Coxswain Call-Out Availability: Days: (M,T,W,T,F,S,S): _____ Hours: _____
Comments: _____
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