

**UNITED STATES COAST GUARD AUXILIARY  
5NR OPERATION READINESS PLAN**

(Rev 1-01)

**NAME:** \_\_\_\_\_ **MEMBER NO:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PHONE: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email Address: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**PERSONAL TRAINING QUALIFICATIONS**

| QUALIFIED | HAVE | WANT | QUALIFIED | HAVE | WANT | QUALIFIED     | HAVE | WANT |
|-----------|------|------|-----------|------|------|---------------|------|------|
| Coxswain  |      |      | VE        |      |      | PATON         |      |      |
| Crew      |      |      | CFVE      |      |      | Watchstander  |      |      |
| Pilot     |      |      | MDV       |      |      | First Aid/EMT |      |      |
| Observer  |      |      | IT        |      |      | CPR           |      |      |
| QE        |      |      | ATON      |      |      |               |      |      |

I am willing to do CG or AUX Administrative Support missions: YES ( ) NO ( )

**PERSONAL AVAILABILITY**

| Any time       | Week ends      | Week days      | Evenings       | Local only     | Will travel    |
|----------------|----------------|----------------|----------------|----------------|----------------|
| Yes ( ) No ( ) | Yes ( ) No ( ) | Yes ( ) No ( ) | Yes ( ) No ( ) | Yes ( ) No ( ) | Yes ( ) No ( ) |

**SURFACE FACILITIES**

| Length | Location | Trailered      | Available | Operational    |
|--------|----------|----------------|-----------|----------------|
|        |          | Yes ( ) No ( ) |           | Yes ( ) No ( ) |
|        |          | Yes ( ) No ( ) |           | Yes ( ) No ( ) |

**AIR CRAFT**

| Type | Location | Available | Operational    |
|------|----------|-----------|----------------|
|      |          |           | Yes ( ) No ( ) |

**RADIOS**

| Type | Location | Call Sign | Fixed | Mobile | Operational    |
|------|----------|-----------|-------|--------|----------------|
|      |          |           |       |        | Yes ( ) No ( ) |
|      |          |           |       |        | Yes ( ) No ( ) |

I can ( ) cannot ( ) participate in the Readiness Program.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please note back side of sheet for additional information for Special Purpose Vessels and Special skills and abilities.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

U.S. DEPARTMENT OF TRANSPORTATION

(Rev 1-01)

UNITED STATES COAST GUARD AUXILIARY
FIFTH NORTHERN REGION

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_
PHONE NUMBER \_\_\_\_\_

TO: DIRECTOR OF AUXILIARY, 5NR

SUBJECT: SPECIAL PURPOSE FORM

- 1. FACILITY ( ) 2. SPECIAL SKILLS/ABILITIES ( )

RE: (a) AUXILIARY OPERATIONS POLICY MANUAL, COMDTINST M16798.3D

1. I hereby offer the below listed special purpose facility, 19' or less, for use in any authorized non traditional Auxiliary mission. The vessel can be a PWC, canoe, kayak, row boat, bass boat, etc. that will permit access to flooded areas, and/or shallow water unavailable to regular patrol boats. The operator does not have to be in the Boat Crew program, but the boat must be inspected and then accepted by the Director of Auxiliary, 5NR.

a. MAKE \_\_\_\_\_ MODEL/LENGTH \_\_\_\_\_ DRAFT \_\_\_\_\_
MOTOR TYPE \_\_\_\_\_ HIN \_\_\_\_\_
REGISTRATION NUMBER \_\_\_\_\_ LOCATION \_\_\_\_\_
TRAILER \_\_\_\_\_ YES \_\_\_\_\_ NO AVAILABLE \_\_\_\_\_

This letter is valid for \_\_\_\_\_ or 12 months from the date this facility is accepted, so long as the above special purpose facility continues to be accepted for use or unless specifically revoked by me.

Owner's name and signature \_\_\_\_\_

2. I have the following special skills not covered on the first page.

Skills \_\_\_\_\_
\_\_\_\_\_

Availability, as noted on other side \_\_\_\_\_

\_\_\_\_\_ ACCEPTED \_\_\_\_\_ REJECTED

\_\_\_\_\_ Date \_\_\_\_\_

STEPHEN J. MINUTOLO
Commander, U.S.C.G.
Director of Auxiliary, 5NR