

(Date)

From: \_\_\_\_\_, (Div-Flotilla-EMPLID), U.S. Coast Guard Auxiliary

To: DIRAUX, 8WR

Subj: OPERATION OF AUXILIARY FACILITY BY A NON-OWNER

Ref: Auxiliary Operations Policy Manual, COMDTINST M16798.3

1. When I am on board as a crewmember, I authorize any qualified coxswain or crewman to operate my facility, under reimbursable or non-reimbursable orders.
2. When I am not on board, I authorize the Auxiliarists listed below to operate my facility, under reimbursable or non-reimbursable orders, contingent on these auxiliarists being qualified for such orders in accordance with current directives.

Member Name	Member Number
a. _____	_____
b. _____	_____
c. _____	_____

3. I have read and understand the contents of the following paragraphs: Auxiliary Operations Policy Manual, COMDTINST M16798.3, Chapter 2, para A.1 through A.5.

4. This letter is valid from \_\_\_\_\_ to \_\_\_\_\_ (12 month maximum), so long as the facility is offered and accepted for use or until specifically revoked by me.

Facility Name	Facility ID Number	State Reg. or Doc. Number
_____	_____	_____

_____ (Signature)	_____ (Date)	_____, Facility Owner
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Copy: SO-OP  
Facility Owner

_____ (Signature)	_____ (Date)	_____, Witness
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