

From: \_\_\_\_\_ (Opfac owner) \_\_\_\_\_ (date)

To: Director of Auxiliary, Coast Guard District 5 (SR)

Subj: OPERATION OF AUXILIARY FACILITY BY NON-OWNER

Ref: (a) Auxiliary Operations Policy Manual, COMDINST M16798.3

1. When I am on board as a crewmember, I authorize the Auxiliarist(s) listed below to operate my facility, \_\_\_\_\_ (Facility name, registration or documentation numbers) under reimbursable or non-reimbursable orders, contingent on these Auxiliarists being qualified for such orders in accordance with current directives.

	Members name	Member number
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

2. This letter is valid for ( ) \_\_\_\_\_ patrol season OR, ( ) \_\_\_\_\_, (year) (date/dates) so long as the facility is offered and accepted for use or until specifically revoked by me.

\_\_\_\_\_  
(Owner's signature & date)

Witness: \_\_\_\_\_  
(Signature & date)