

DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY ANSC 7008 (1-07)	PWC FACILITY INSPECTION AND OFFER FOR USE FORM (See instructions and Privacy Act Statement on separate sheet)	INITIAL (NEW) REPORT REINSPECTION (REOFFER) CHANGE
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SECTION I OWNER DATA - Completed by owner		
OWNER'S MEMBER ID NUMBER	OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE OF OWNERSHIP (Check one) All owners must sign Section III SOLE AUX UNIT GOV'T MULTIPLE CORPORATE
CO-OWNER'S MEMBER ID NUMBER	CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL	

SECTION II FACILITY DATA - Completed by owner										
REGISTRATION	HULL IDENTIFICATION NO.	FACILITY'S NAME				FACILITY NO.				
VESSEL LOCATION				ZIP CODE		LATITUDE		LONGITUDE		
MANUFACTURER	MODEL	YEAR	LENGTH	BEAM	DRAFT	IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE				
CELL PHONE #	DSC NUMBER		HORSEPOWER		FUEL CAPACITY		PWC TYPE			
ENGINE MANUFACTURER		MODEL	YEAR	SERIAL #		FUEL CONSUMPTION		ECONOMICAL	CRUISE	MAXIMUM
						Speed in Knots				
FACILITY AVAILABILITY All Weeknights Weekends						Gallons per Hour				
TRAILERABLE		GPS/DGPS		VHF-FM Output: _____		Channels: _____				
OTHER SPECIAL EQUIPMENT - REMARKS:										

Value - Hull	Value - Machinery	Value - Electronics	Value- Other Equipment	Total Value of Vessel

SECTION III OWNER STATEMENT, UNIT AND SIGNATURE - Completed by owner							
<p>The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and limitations determined by the order issuing authority. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all of this equipment will be on board the facility when underway under orders.</p> <div style="text-align: right; margin-bottom: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">District</td> <td style="padding: 2px;">Division</td> <td style="padding: 2px;">Flotilla</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div> <p>I (we) certify all entries in Sections I thru III are correct and current.</p>		District	Division	Flotilla			
District	Division	Flotilla					
_____ Signature of Owner	_____ Signature of Co-Owner						
_____ Date	_____ Date						
I understand that trailered Auxiliary facilities (tow vehicle and trailer) must comply with state vehicular laws and the manufacturer's recommendations for vehicle hitch and trailer assembly in regards to the tongue and gross weight of the trailer load. (All facility owners must initial)							
_____ Owner(s) Initials							

SECTION IV USCGAUX VE'S ENDORSEMENT - Completed by USCGAUX VE							
I have inspected the vessel above as PWC facility and certify that it meets all requirements as such.							
INSP DATE _____ VE's Member ID _____	VE's UNIT _____						
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">District</td> <td style="padding: 2px;">Division</td> <td style="padding: 2px;">Flotilla</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		District	Division	Flotilla			
District	Division	Flotilla					
_____ VE's Name	_____ VE's Signature						

SECTION V ACCEPTANCE - Completed by DIRAUX	
This facility is accepted as a PWC Facility of the U. S. Coast Guard Auxiliary.	
_____ DIRAUX Signature	_____ Date

Previous edition is obsolete

CHECK OFF SHEET

SECTION VI VSC AND ADDITIONAL FEDERAL / STATE REQUIREMENTS - Completed by USCGAUX VE

OK	N/A	Item	OK	N/A	Item
		1. Numbering			8. Backfire Flame Arrester
		2. Registration / Documentation			9. Fuel system
		3. Sound Producing Device			10. Dewatering device
		4. Personal Flotation Device (PFD)			11. Overall vessel condition
		5. Fire Extinguisher (minimum)			12. Electrical systems
		6. Visual Distress Signal (VDS) (if required)			13. State requirements
		7. Ventilation			14. Certificate of Compliance
					15. Hull Identification Number (HIN)

SECTION VII REQUIREMENTS FOR A PWC FACILITY - Completed by USCGAUX VE

OK	N/A	Item	OK	N/A	Item
		1. Meets all requirements of Section VI			17. Hat or Helmet
		2. Portable waterproof VHF-FM radio			18. Gloves with non-slip palms
		3. Satisfactory radio check on required frequencies			19. Foot protection
		4. Safety Lanyard (kill switch) & spare			20. Spare spark plugs
		5. Flashlight			21. Rescue throw bag or rescue heaving line (minimum 50 feet)
		6. PFD, Impact rated for max speed of PWC			22. Towline (minimum 30 feet)
		7. CG Auxiliary or Patrol Ensign (optional)			23. PWC Tool Kit
		8. First Aid Kit			24. Inspector viewed Registration papers for ownership
		9. Visual Distress Signal (VDS) (if required)			25. Attached Assent & Authorization form for multiple owners
		10. Knife (3" blade minimum)			26. Attach info requirements for corp. owned facilities
		11. Watch			27. Attached authorization for corporate offer for use
		12. Throwable PFD (Type IV)			28. Fire extinguisher (mounted)
		13. Sponges (2)			
		14. Emergency Survival Blanket			
		15. Mooring Lines (2)			
		16. Goggles or Sun Glasses			

SECTION VIII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner

When I **am** on board as a crewmember I authorize the following PWC Operator(s) to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

When I am **not** on board I authorize the following PWC Operator(s) to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

I choose not to have anyone operate my vessel other than myself.

Owner(s) Initials for Section VIII

Attach additional sheets as necessary if you have more than two persons who may operate your facility. You may designate groups of people ie: all PWC Operators in a district, division or flotilla. Instead of entering a name, enter ALL, then district, division and/or flotilla numbers, as applicable.

INSTRUCTIONS**PRIVACY ACT STATEMENT**

1. Authority: 14 USC 826 and 827
2. Principal Purpose: To provide a means of selection and acceptance of vessels as U.S. Coast Guard operational facilities.
3. Routine use: Retained by directors of Auxiliary and cognizant USCG group commanders as a record of which vessels have been accepted by the director as U.S. Coast Guard operational facilities.
4. Disclosure: Voluntary, however, the detailed information requested on this form enables the Coast Guard to select qualified vessels as Coast Guard facilities. Failure by the member to provide all or part of the information will prevent the acceptance of the vessel as a Coast Guard facility.

Make sure your letters and numbers are printed like this:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

PWC FACILITY INSPECTION AND OFFER FOR USE FORM

This form is used to report a PWC vessel facility inspection and offer for use as well as to report changes in the status of a facility. If you sell or trade your facility and acquire a new one, this form is to be used to remove the old facility and enter the new one into the data base.

INSTRUCTIONS (Use Ballpoint pen)

Check the appropriate box, in the heading, for the type of report - initial (new) report, reinspection (reoffer), or change.

SECTION I - OWNER DATA

OWNER'S MEMBER ID NUMBER - The member holding the largest percentage of ownership enters their seven digit member ID number. If this owner is not Auxiliary then enter "NON AUX." If the facility has multiple owners and is being offered for use, then attach "Assent and Authorization for Use" information outlined in the Auxiliary Operations Policy Manual. If the facility is corporate owned, leave member ID number blank. If the facility is corporate owned and being offered for use, then also attach the required information and the "Corporate Resolution" authorizing offer for use as outlined in the Auxiliary Operations Policy Manual.

OWNER'S LAST NAME - Enter the last name, first name, and middle initial that corresponds to the member number. If the facility is corporate owned, enter the corporation's name.

TYPE OF OWNERSHIP - Check the appropriate box for ownership of the facility.

CO-OWNER'S MEMBER ID NUMBER AND LAST NAME - Complete as above instructions for "OWNER," except this applies to the owner who holds the second largest percentage of ownership.

SECTION II - FACILITY DATA (Note: To be completed by owner before inspection of vessel.)

REGISTRATION NUMBER - Enter the facility's state registration number. Do not use hyphens or leave spaces between letters and numerals. Example: MU 185 NA is entered as MU185NA or CZ-1625-BA is entered as CZ1625BA.

HULL IDENTIFICATION NUMBER - Enter the HIN on the vessel. Verify that it matches the HIN listed on the vessel registration.

FACILITY'S NAME - Enter the name of the vessel. If the vessel does not have a name, leave this box blank.

FACILITY NO. - Enter the district assigned CALL SIGN for the facility being inspected.

VESSEL LOCATION - Enter the city and state where the vessel is located or berthed.

ZIP CODE - Enter the zip code where the vessel is located or berthed.

LATITUDE - Enter the latitude where the vessel is located or berthed.

LONGITUDE - Enter the longitude where the vessel is located or berthed.

MANUFACTURER - Enter the name of the manufacturer of the vessel.

MODEL - Enter the manufacturer's model number or the model name of the vessel.

YEAR - Enter the year the vessel was built.

LENGTH - State the length of the hull in feet and inches. (as indicated on the registration papers.)

BEAM - State beam of vessel in feet and inches.

DRAFT - State the draft of vessel in feet and inches.

PREVIOUS BOAT NO. - As necessary, enter the previous vessel's registration number if the facility being inspected replaces one that you previously owned. Do not use hyphens or leave spaces between letters and numerals.

CELL PHONE # - Enter number of cell phone normally carried on facility, including area code.

DSC NUMBER - Enter Digital Selective Calling number, if available.

HORSEPOWER - Enter the total horsepower of the engine.

CONTINUED ON PAGE 4

Continued from Page 3

FUEL CAPACITY - Enter the total fuel capacity in U.S. gallons.

PWC TYPE - Enter PWC2 for 2 passenger; PWC3 for 3 passenger

ENGINE MANUFACTURER - Indicate the name of the engine manufacturer.

MODEL NUMBER - Enter the engine model number.

YEAR - Enter the year the engine was installed in the vessel.

ENGINE SERIAL NUMBER - Enter the serial number of the engine.

FUEL CONSUMPTION - Indicate the fuel consumption per hour and speed in knots for economical, cruise, and maximum. (NOTE: ONE (1) KNOT = 1.15 STATUTE MILES PER HOUR)

FACILITY AVAILABILITY - Check applicable box to indicate Anytime (All), Weeknights or Weekends.

TRAILERED - Check box if trailered **GPS/DGPS NAVIGATION EQUIPMENT** - Check box if item is present. **VHF-FM RADIO EQUIPMENT** - Indicate type, output and channels as applies- ALL channels or REQuired channels.

OTHER SPECIAL EQUIPMENT - In the space provided list other equipment or attach a separate sheet that lists other special equipment, if necessary. (Example: EPIRB, strobe light, CB radio, etc.).

VALUE-HULL - Enter the fair market value of the hull. If the vessel is new enter the cost (in whole dollars).

VALUE-MACHINERY - Enter the fair market value of the vessel's engine, and any other machinery installed on the vessel, if known. If it is new, enter the cost (in whole dollars). If unknown, leave blank; value is included in "VALUE-HULL".

VALUE-ELECTRONICS - Enter the fair market value of all electronics installed on the vessel. If all are new enter the cost (in whole dollars).

VALUE-OTHER EQUIPMENT - Enter the fair market value of all other equipment installed in the vessel. If all are new enter the cost (in whole dollars).

TOTAL VALUE OF VESSEL - Enter the total fair market value of the vessel and all its equipment. If the vessel and all of the equipment is new enter the cost (in whole dollars).

NOTE: The sum total of the values of the hull, machinery, electronics and other equipment cannot exceed the total value listed for the vessel.)

SECTION III - OWNER STATEMENT, UNIT AND SIGNATURE

Check the appropriate box but be sure you fully understand the statements before checking the statement which best describes the owner's intentions on the OFFER FOR USE. Any questions should be answered to the owner's(s) complete satisfaction prior to signing and dating the form. For corporate owned facilities, the appropriate designated officer of the corporation is to sign as the owner. Remember, before any facility can be accepted for use, ALL appropriate information must be provided to and approved by the Director. Enter District/Division/Flotilla number to which Facility is associated.

SECTION IV - USCGAUX VE's ENDORSEMENT (To be completed by USCGAUX VE only)

If facility does not meet requirements, return VE-signed form to owner - don't forward to Director for signature.

Enter date of inspection. Enter your seven digit member ID number. Enter your District/Division/Flotilla number

Print VE name and sign the form. Forward in accordance with district policy.

SECTION V - DIRAUX ENDORSEMENT (To be completed by authorized personnel only).

Make sure required documents are attached before signing.

Confirm (or issue) district call sign in SECTION I.

Sign and date the form. Forward copies in accordance with district policy.

SECTION VI - VSC and Additional Federal / State Requirements. (To be completed by USCGAUX VE only).

Check the appropriate boxes.

Item 6 - Visual Distress Signals (VDS): Federal requirement: one electric distress light or 3 combination (day/night) red flares. Required to be carried when operating between sunset and sunrise only.

SECTION VII - Requirements for a PWC Facility. (To be completed by USCGAUX VE only).

Check the appropriate boxes.

Item 9 - Visual Distress Signals (VDS): Auxiliary Operations Policy Manual, COMDTINST M16798.3 (series), requires CG approved combination (day/night) VDS attached to PFD if operated over 3 miles from land.

Make sure required documents are attached. See SECTION I instructions.

SECTION VIII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER (To Be completed by owner).

Check the applicable box and fill in the member name, member number, division and flotilla of the person(s) authorized to use your vessel while you are aboard/not aboard. Attach an extra sheet to add to the list of names if necessary. You may substitute a unit number instead of names; ie: any PWC Operator in a flotilla, division, or district. In the "NAME" field, enter "ALL", then applicable unit numbers.

Owner(s) must initial in the space provided.