

U. S. COAST GUARD AUXILIARY
AIR CREW APPLICATION FORM

TO BE COMPLETED BY APPLICANT

Name _____ Member Number _____

ADDRESS:

Street _____

City _____ State _____ Zip _____



Home Phone _____

Work Phone _____

Coast Guard Auxiliary Observer qualified: Yes No

Prior aviation experience Yes No (If Yes, please describe)

Availability - List availability for flights on week days, week ends, and holidays:

TO BE COMPLETED BY DIRAUX

Evaluate application with criteria listed in paragraph 5.a.(1) through (4) of
COMDTINST 16798.2:

Application Disposition:

Accepted: Yes No Denied: Yes No Wait Listed: Yes No

If denied or wait listed, explain:

DIRAUX Signature

Date