

FORM OP-8FACILITY ORDERS REQUEST**

REV. 01-02

(Patrols and Call-out Roster Information)

TO: COMMANDER (oax-n)
ELEVENTH COAST GUARD DISTRICT (NR)
COAST GUARD ISLAND, Bldg. 21
ALAMEDA, CA 94501-5100

FROM: COXSWAIN: _____ **MEMBER NO: 11N-** _____

ADDRESS: _____
 _____ Street _____ City _____ State _____ Zip _____

Home telephone : _____ Fax: _____ Cell/Pager: _____ Other: _____

Work telephone: _____ E-Mail: _____

REQUEST FOR ORDERS FOR FY BEGINNING 1 OCTOBER _____**(Complete one form for each facility)****Vessel**

Vessel Name: _____ CG Facility Number: _____
 Vessel Registration/Documentation Number: _____ Minimum Crew: _____
 Trailered? (Yes/No): _____ Length: _____ (Including Coxswain)
 Location-City: _____ Harbor: _____

Personal Watercraft

Vessel Registration Number: _____ CG Facility Number: PWC ____
 Location-City: _____ Harbor: _____

Land Mobile Radio

Mobile Call Sign: _____ CG Facility Number: NM11 ____

Facility Certification: As the owner of the above facility, I certify that the facility is currently inspected as an Operational Facility. Date of Inspection: _____
 Signature: _____ (Owner) Date: _____

Coxswain Certification: I certify that I am current on all requirements as follows to receive Coast Guard orders for the above facility.

NavRules - Date: _____ Annual Requal-Date: _____ Five Year Requal-Date: _____
 TCT - Date: _____ Patrol Hours-Prior year: _____ (Need the minimum or more)
 Signature: _____ Date: _____

Authorization of Non-Owner Operation: As the owner, I authorize _____
 to be the Coxswain and operator of the above facility under designated Coast Guard Orders.
 Owner must be on board (Yes/No): _____ (Owner) Printed Name: _____
 Signature: _____ (Owner) Member Number: _____ Date: _____

Coxswain Call-Out Availability: Days: (M,T,W,T,F,S,S): _____ Hours: _____
Comments: _____
