

# USCG AUXILIARY QE REQUEST FORM

<b>Requested by</b>		Division:	Flotilla:	Position:
Name:		E-Mail:		
Address 1:				
Address 2:				
City:			State:	Zip Code:
Home Phone	Cell Phone	Work Phone		Fax No:

Mission	Requested Date & Time		Alternate Date & Time	
	Date:	Start Time:	Date:	Start Time:
Mission Address				# of Facilities:
				P5 Available?:

	← In the box at left enter driving directions if necessary, names of any "out of 7th Division" guests or qualifying members. Also, any other information you think that the QE should be aware of such as "One facility is a sailboat" or "This is a night mission request", etc.
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## Members Qualifying

Name	Member Number	Dist	Div	Flot	Currently Qualified As	Qualification Requested	Initial or Re-qual
1-							
2-							
3-							
4-							
5-							
6-							
7-							
8-							

Submit to SO-OP via E-Mail	<u>Date Submitted</u>
Form OPS-4 Rev 1.0 11/04	