



DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7001 (1-07)	U.S. COAST GUARD AUXILIARY ENROLLMENT APPLICATION See Privacy Act Statement on page 3 and Instructions on 6 thru 9	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">District</td> <td style="width:33%; text-align: center;">Division</td> <td style="width:33%; text-align: center;">Flotilla</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	District	Division	Flotilla			
District	Division	Flotilla						

SECTION I - PERSONAL DATA OF APPLICANT - Completed by applicant

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	GENDER Male Female
SOCIAL SECURITY NO.	DATE OF BIRTH	SPOUSE NAME		
STREET ADDRESS				
CITY			ST	ZIP
EMAIL 1		EMAIL 2		
HOME	BUSINESS		CELL	
FAX	BOAT		PAGER	
ETHNICITY (OPTIONAL)				
White or Caucasian		American Indian or Alaskan Native Black or African American		Hispanic American Asian American or Pacific Islander

SECTION II - PATRIOT READINESS INPUT - Completed by applicant

A. Check appropriate answers:

1. Are you willing to travel outside of your home area?	Yes	no
2. Are you willing to do CG or AUX administrative missions?	Yes	no

B. Select days/evenings available for CG support operations.

Days	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Nights	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.

C. From the occupation codes, enter up to five skills that you have acquired and possess

#1 #2 #3 #4 #5

SECTION III - EMERGENCY CONTACT INFORMATION - Completed by applicant

LAST NAME	FIRST NAME	MI	SUFFIX	RELATIONSHIP
STREET ADDRESS		CITY		ST ZIP
HOME	BUSINESS		CELL	

SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS - see instructions

New Enrollment Re-enrollment Old Member / EMPL ID Number: _____

New Member Exam completed Date _____ Score _____

Privacy Act Statement read Boating Safety Course Certificate Yes No

Required Attachment: Fingerprint cards (2) Source Document if prior clearance (see SEC VI)

FLOTILLA COMMANDER NAME	SIGNATURE	DATE
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NOTICE: Copies of this form submitted to DIRAUX and SECCEN **MUST HAVE** original signatures and dates signed in ink.

SECTION V - USCG AUXILIARY/SECEN VERIFICATION OF U.S. CITIZENSHIP - See instructions

SECTION A - To be filled out by applicant:

I attest that I am (Check one of the following)

A U.S. citizen or national by birth in the U.S. or U.S. territory/possession

A U.S. citizen, but was not born in the U.S.

SECTION B - To be completed by an existing officer/authorized representative

Birth Certificate showing that you were born in the United States of America

FS-240 (Report of Birth Abroad of a Citizen of the United States) Month/Day/Year _____

Explanation _____

FS-545 (Certificate of Birth-Foreign Service)

DS-1350 (Certificate of Birth issued by U.S. Department of State)

A United States Passport (Unexpired or expired)

Passport Number _____ Month/Day/Year Issued _____

A Certificate of U.S. Citizenship (INS Form N-560 or N-561) Where Issued?

City _____ State _____ Certificate # _____ Month/Day/Year _____

A Certificate of Naturalization (INS Form N-550 or N-570) Where Naturalized?

Court _____ City _____ State _____ Certificate # _____ Month/Day/Year _____

FLOTILLA COMMANDER NAME

SIGNATURE

DATE

SECTION VI - PRIOR/CURRENT CLEARANCE DETAILS - Completed by applicant

TYPE OF INVESTIGATION (SSBI, NAC, NACL, ETC.)

DATE OF INVESTIGATION

AGENCY THAT GRANTED CLEARANCE (MUST BE A FEDERAL AGENCY)

CLEARANCE GRANTED (SECRET, TOP SECRET, ETC.)

CLEARANCE DATE (MINIMUM MONTH AND YEAR)

POC FOR ISSUING AGENCY

NOTE: SOURCE DOCUMENT MUST BE ATTACHED

SECTION VII - APPLICANT STATEMENT AND SIGNATURE - Completed by applicant

I have have not been convicted of a violation of any law of the United States, any State, possession or territory, the District of Columbia or the Commonwealth of Puerto Rico classified as a major misdemeanor or a felony. (If convicted of a major misdemeanor or felony, state specifics, including date, city & state offense occurred, disposition and comments and attach to this application.) I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the U.S. Coast Guard or U.S. Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary.

I PLEDGE TO SUPPORT THE U.S. COAST GUARD AUXILIARY AND ITS PURPOSES AND TO ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE U.S. COAST GUARD.

APPLICANT SIGNATURE

DATE

SECTION VIII - PARENT/GUARDIAN STATEMENT IF APPLICANT IS A MINOR - Completed by parent/guardian

I/We certify that this applicant has no other legal guardian other than me/us and I/we consent to his/her membership in the United States Coast Guard Auxiliary.

PARENT/GUARDIAN SIGNATURE

DATE

NOTICE: Copies of this form submitted to DIRAUX and SECEN **MUST HAVE** original signatures and dates signed in ink.

SECTION IX - APPLICANT INTERVIEW RECORD - Completed by interviewer

INTERVIEWER CHECKS OFF EACH ITEM AS DISCUSSED.

What is The Auxiliary? - Persons interested in actively supporting the civilian component of the U.S. Coast Guard. Not a yacht club. A service organization composed of volunteers with emphasis on active support of many Coast Guard missions.

What Members Can Expect From The Auxiliary - Training, new skills, fellowship, public service. A sense of pride from assisting others.

What The Auxiliary Expects From Members - Dedication, fellowship, public service, professional conduct and participation.

Importance of Professional Conduct in All Activities - Review general Coast Guard Auxiliary uniform and appearance policies, including tattooing, body marking and body piercing policies. Direct reflection on the Coast Guard and the Auxiliary. Need for sustaining quality programs and missions. Official Coast Guard/Auxiliary orders. Member training with emphasis on professionalism. Compliance with civil rights laws. Intolerance of sexual discrimination and harassment.

Every Member is Expected to Participate in Some Program - Examples: Patrols, public education, training, recruiting, public affairs, service as elected or staff member and attendance at flotilla meetings.

Training And Qualifications Opportunities Are Provided To Help Participation In Auxiliary Programs - Vessel examiners, air and surface operations, Auxiliary speciality courses, radio operator, public affairs, watchstander, instructor, maritime environmental patrols, navigational aids verifier, member services.

Personal Costs Involved - Dues, uniforms, other costs.

Your Contribution to The Auxiliary - Special/professional skills, time, support of programs, involvement and fellowship

SECTION X - DIRAUX ENDORSEMENT

MEMBER NUMBER	DATE OF ENROLLMENT	BASE ENROLLMENT DATE	
APPLICANT IS ACCEPTED	DIRAUX SIGNATURE		DATE

Note: If applicant is not accepted, explain in detail on a separate sheet of paper and attach

NOTES

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

- AUTHORITY** which authorized the solicitation of the information: 14 USC Sec 823
- PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION IS INTENDED TO BE USED:** To establish eligibility for enrollment and a record for the individual in the Auxiliary Information Management System.
- THE ROUTINE USES** which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of the Auxiliary.
- WHETHER OR NOT DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

OFI FORM 86C
September 2001

SPECIAL AGREEMENT CHECK (SAC)

U.S. OFFICE OF PERSONNEL MANAGEMENT
Center for Federal Investigative Services

United States Coast Guard - DHS
Agreement :
Number **1-2004**

OPM
USE
ONLY

OPM Codes

Case Number

AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)

1. SUBJECT'S FULL NAME			2. DATE OF BIRTH		
Last Name	First Name	Middle Name (Suffix)	Month	Day	Year

3. PLACE OF BIRTH (Use the two letter code for the State)				4. SOCIAL SECURITY NUMBER	
City	County	State	Country		

5. OTHER NAMES USED AND DATES WHEN USED					
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year

6. SEX (Mark one box) Female Male	7. SPECIAL AGREEMENT CODES	8. POSITION TITLE
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9. SON H S 1 0	10. SOI H S 1 0	11. IPAC-ALC Number	12. Accounting Data
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13. OTHER INFORMATION REQUIRED BY AGREEMENT

a. CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/>	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. ----- Answer items b and d
	<input type="checkbox"/>	I am a U.S. citizen, but I was NOT born in the U.S. -----Answer items b, c, and d
	<input type="checkbox"/>	I am not a U.S. citizen. -----Answer items b and e

(Code N) Bureau of Vital Statistics – Complete all blocks as required.

Mother's Full Name	Mother's Maiden Name	Father's Full Name
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(Code I) Complete additional information needed for the INS check. All questions in item 13 (c-e) must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").

c. UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)				
Court	City	State	Certificate Number	Month/Day/Year Issued

Citizenship Certificate (Where was the certificate issued?)				
City	State	Certificate Number	Month/Day/Year Issued	

State Department Form 240 – Report of Birth Abroad of a Citizen of the United States		
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation

U.S. Passport		
This may be either a current or previous U.S. Passport	Passport Number	Month/Day/Year Issued

d. DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
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e. ALIEN If you are an alien, provide the following information:

Place You Entered the United States	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
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14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number ()	Date
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Standard Form 85 (E), CDC Adobe Acrobat 4.0 Electronic Version, 11/2005
 Revised November 2005
 U.S. Office of Personnel Management
 4035
 5 CFR Parts 731 and 736

Form approved:
 OMB No. 3206-005
 NSN 7540-00-634-
 85-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

SIGNATURE (Sign in ink)		FULL NAME (Type or Print legibly)		DATE SIGNED
OTHER NAMES USED				SOCIAL SECURITY NUMBER
CURRENT ADDRESS (STREET, CITY)			STATE	ZIP
HOME TELEPHONE NUMBER				

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ENROLLMENT APPLICATION

1. **GENERAL** - Everyone requesting membership in the U.S. Coast Guard Auxiliary must complete this form.
 - a. Read all instructions carefully.
 - b. This form is used to supply new member personal information for entry into the Auxiliary database.
 - c. Data from this form is reported in detail (with the exception of Date of Birth and Social Security Administration Number) on the Flotilla Roster, Member Summary and Status Report among others.
 - d. The use of black versus blue ink is not a SECCEN requirement. **DESPITE THE INSTRUCTIONS TO USE BLACK INK ON THE SF85 FORM AND THE FD-258 FINGERPRINT CARDS, THE OFFICE OF PERSONNEL MANAGEMENT AUTHORIZES THE USE OF BLUE OR BLACK INK FOR COMPLETING THE WRITTEN PORTION OF ALL OF THESE FORMS.**
2. **FLOTILLA NUMBER** - Completed by Flotilla Commander (FC) or Flotilla Personnel Services (FSO-PS) officer.
 - a. Enter the District, Division and Flotilla number of the unit submitting this application in the area in the upper right corner next to the form name.
3. **SECTION I - PERSONAL DATA OF APPLICANT** - To be completed by applicant.
 - a. LAST NAME, FIRST NAME, MIDDLE NAME and SUFFIX - Enter full legal name.
 - b. GENDER- Check one of the gender boxes.
 - c. SOCIAL SECURITY ADMINISTRATION NUMBER-Enter SSAN (See 1c above).
 - d. DATE OF BIRTH-Enter DOB using MM/DD/YY numeric format, 06/18/54 (See 1c above) . Membership eligibility begins at 17 years of age.
 - e. SPOUSE NAME-Use spouse's given name - no nicknames.
 - f. STREET ADDRESS-Enter current street address.
 - g. CITY-Enter name of city where address is located. If residence is outside the United States, also enter country.
 - h. STATE-Use the official two-letter postal code. Leave blank if outside the United States.
 - i. ZIP CODE-Use current five numbers. Use ZIP+4 when known.
 - j. EMAIL - Enter email address if available.
 - k. HOME/BUSINESS/CELL/FAX/BOAT/PAGER - Enter area code and telephone number(s) or N/A as applicable.
 - l. ETHNICITY (Optional) - Check box which describes your ethnic group.
4. **SECTION II - PATRIOT READINESS INPUT** - To be completed by applicant.
 - a. Enter appropriate answers.
 - b. Select days/evenings that you may have available.
 - c. From the two digit codes below, enter up to five skills that you have acquired and possess.

TWO-DIGIT OCCUPATIONAL DIVISIONS

PROFESSIONAL, TECHNICAL, AND MANAGERIAL OCCUPATIONS

- 01 OCCUPATIONS IN ARCHITECTURE, ENGINEERING, AND SURVEYING
- 02 OCCUPATIONS IN MATHEMATICS AND PHYSICAL SCIENCES
- 03 COMPUTER-RELATED OCCUPATIONS
- 04 OCCUPATIONS IN LIFE SCIENCES
- 05 OCCUPATIONS IN SOCIAL SCIENCES
- 07 OCCUPATIONS IN MEDICINE AND HEALTH
- 09 OCCUPATIONS IN EDUCATION
- 10 OCCUPATIONS IN MUSEUM, LIBRARY, AND ARCHIVAL SCIENCES
- 11 OCCUPATIONS IN LAW AND JURISPRUDENCE
- 12 OCCUPATIONS IN RELIGION AND THEOLOGY
- 13 OCCUPATIONS IN WRITING
- 14 OCCUPATIONS IN ART
- 15 OCCUPATIONS IN ENTERTAINMENT AND RECREATION
- 16 OCCUPATIONS IN ADMINISTRATIVE SPECIALIZATIONS
- 18 MANAGERS AND OFFICIALS, NEC
- 19 MISCELLANEOUS PROFESSIONAL, TECHNICAL, AND MANAGERIAL OCCUPATIONS

CLERICAL AND SALES OCCUPATIONS

- 20 STENOGRAPHY, TYPING, FILING, AND RELATED OCCUPATIONS
- 21 COMPUTING AND ACCOUNT-RECORDING OCCUPATIONS
- 22 PRODUCTION AND STOCK CLERKS AND RELATED OCCUPATIONS
- 23 INFORMATION AND MESSAGE DISTRIBUTION OCCUPATIONS
- 24 MISCELLANEOUS CLERICAL OCCUPATIONS
- 25 SALES OCCUPATIONS, SERVICES
- 26 SALES OCCUPATIONS, CONSUMABLE COMMODITIES
- 27 SALES OCCUPATIONS, COMMODITIES, NEC
- 29 MISCELLANEOUS SALES OCCUPATIONS

SERVICE OCCUPATIONS

- 30 DOMESTIC SERVICE OCCUPATIONS
- 31 FOOD AND BEVERAGE PREPARATION AND SERVICE OCCUPATIONS
- 32 LODGING AND RELATED SERVICE OCCUPATIONS
- 33 BARBERING, COSMETOLOGY, AND RELATED SERVICE OCCUPATIONS
- 34 AMUSEMENT AND RECREATION SERVICE OCCUPATIONS
- 35 MISCELLANEOUS PERSONAL SERVICE OCCUPATIONS
- 36 APPAREL AND FURNISHINGS SERVICE OCCUPATIONS
- 37 PROTECTIVE SERVICE OCCUPATIONS
- 38 BUILDING AND RELATED SERVICE OCCUPATIONS
- 40 PLANT FARMING OCCUPATIONS
- 41 ANIMAL FARMING OCCUPATIONS
- 42 MISCELLANEOUS AGRICULTURAL AND RELATED OCCUPATIONS
- 44 FISHERY AND RELATED OCCUPATIONS
- 45 FORESTRY OCCUPATIONS
- 46 HUNTING, TRAPPING, AND RELATED OCCUPATIONS

PROCESSING OCCUPATIONS

- 50 OCCUPATIONS IN PROCESSING OF METAL
- 51 ORE REFINING AND FOUNDRY OCCUPATIONS
- 52 OCCUPATIONS IN PROCESSING OF FOOD, TOBACCO, AND RELATED PRODUCTS
- 53 OCCUPATIONS IN PROCESSING OF PAPER AND RELATED MATERIALS
- 54 OCCUPATIONS IN PROCESSING OF PETROLEUM, COAL, NATURAL AND MANUFACTURED GAS, AND RELATED PRODUCTS
- 55 OCCUPATIONS IN PROCESSING OF CHEMICALS, PLASTICS, SYNTHETICS, RUBBER, PAINT, AND RELATED PRODUCTS
- 56 OCCUPATIONS IN PROCESSING OF WOOD AND WOOD PRODUCTS
- 57 OCCUPATIONS IN PROCESSING OF STONE, CLAY, GLASS, AND RELATED PRODUCTS
- 58 OCCUPATIONS IN PROCESSING OF LEATHER, TEXTILES, AND RELATED PRODUCTS
- 59 PROCESSING OCCUPATIONS, NEC

MACHINE TRADES OCCUPATIONS

- 60 METAL MACHINING OCCUPATIONS
- 61 METALWORKING OCCUPATIONS, NEC
- 62/63 MECHANICS AND MACHINERY REPAIRERS
- 64 PAPERWORKING OCCUPATIONS
- 65 PRINTING OCCUPATIONS
- 66 WOOD MACHINING OCCUPATIONS
- 67 OCCUPATIONS IN MACHINING STONE, CLAY, GLASS, AND RELATED MATERIALS
- 68 TEXTILE OCCUPATIONS
- 69 MACHINE TRADES OCCUPATIONS, NEC

BENCHWORK OCCUPATIONS

- 70 OCCUPATIONS IN FABRICATION, ASSEMBLY, AND REPAIR OF METAL PRODUCTS, NEC
- 71 OCCUPATIONS IN FABRICATION AND REPAIR OF SCIENTIFIC, MEDICAL, PHOTOGRAPHIC, OPTICAL, HOROLOGICAL, AND RELATED PRODUCTS
- 72 OCCUPATIONS IN ASSEMBLY AND REPAIR OF ELECTRICAL EQUIPMENT
- 73 OCCUPATIONS IN FABRICATION AND REPAIR OF PRODUCTS MADE FROM ASSORTED MATERIALS
- 74 PAINTING, DECORATING, AND RELATED OCCUPATIONS
- 75 OCCUPATIONS IN FABRICATION AND REPAIR OF PLASTICS, SYNTHETICS, RUBBER, AND RELATED PRODUCTS
- 76 OCCUPATIONS IN FABRICATION AND REPAIR OF WOOD PRODUCTS
- 77 OCCUPATIONS IN FABRICATION AND REPAIR OF SAND, STONE, CLAY, AND GLASS PRODUCTS
- 78 OCCUPATIONS IN FABRICATION AND REPAIR OF TEXTILE, LEATHER, AND RELATED PRODUCTS
- 79 BENCHWORK OCCUPATIONS, NEC

STRUCTURAL WORK OCCUPATIONS

- 80 OCCUPATIONS IN METAL FABRICATING, NEC
- 81 WELDERS, CUTTERS, AND RELATED OCCUPATIONS
- 82 ELECTRICAL ASSEMBLING, INSTALLING, AND REPAIRING OCCUPATIONS
- 84 PAINTING, PLASTERING, WATERPROOFING, CEMENTING, AND RELATED OCCUPATIONS
- 85 EXCAVATING, GRADING, PAVING, AND RELATED OCCUPATIONS
- 86 CONSTRUCTION OCCUPATIONS, NEC
- 89 STRUCTURAL WORK OCCUPATIONS, NEC

MISCELLANEOUS OCCUPATIONS

- 90 MOTOR FREIGHT OCCUPATIONS
- 91 TRANSPORTATION OCCUPATIONS, NEC
- 92 PACKAGING AND MATERIALS HANDLING OCCUPATIONS
- 93 OCCUPATIONS IN EXTRACTION OF MINERALS
- 95 OCCUPATIONS IN PRODUCTION AND DISTRIBUTION OF UTILITIES
- 96 AMUSEMENT, RECREATION, MOTION PICTURE, RADIO AND TELEVISION OCCUPATIONS, NEC
- 97 OCCUPATIONS IN GRAPHIC ART WORK

5. SECTION III - EMERGENCY CONTACT INFORMATION - To be completed by applicant.

- a. Enter name, emergency contact's relationship, address and phone numbers with area codes.

6. SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS -To be completed by the FC or FSO-PS. (See 6.f below).

- a. APPLICATION TYPE-Check whether applicant is a new member or reenrolling. If reenrolling provide previous member ID number. If applicant is or was Active Duty CG, CG Reserve or a civilian employee of the CG, please include Employee ID Number.
- b. NEW MEMBER EXAM - Enter date and score.
- c. PRIVACY ACT STATEMENT - Check box after applicant reads.
- d. BOATING SAFETY COURSE CERTIFICATE - Check yes or no. Note: Only certificates listed in the Auxiliary Manual are acceptable. If the applicant successfully challenges one of our tests, indicate "Yes" even though no certificate is issued.
- e. REQUIRED ATTACHMENTS - Ensure that all of the listed items are included with the application package.
- f. FLOTILLA COMMANDER SIGNATURE - The Flotilla Commander must sign and date application *The FSO-PS may NOT sign.*

7. SECTION V - USCG AUXILIARY/SECEN VERIFICATION OF U.S. CITIZENSHIP -

Section A to be completed by applicant.

- a. Attest to U.S. citizenship by birth in U.S. or not born in the U.S.

Section B to be completed by existing officer / authorized representative.

- a. **Existing officer/authorized representative fills out and signs this section after viewing original document.**

8. SECTION VI - PRIOR/CURRENT CLEARANCES (Must be within past 10 years) -To be completed by the applicant.

- a. Enter any prior/current clearances, if any, and attach the source document.

9. SECTION VII - APPLICANT STATEMENT AND SIGNATURE - To be completed by the applicant.

- a. Felony/misdemeanor convictions - check appropriate answer to conviction statement. Review application and data to ensure accuracy, then sign using full name and date using either blue or black ink.

10. SECTION VIII - PARENT/GUARDIAN STATEMENT - To be completed by applicant's parent or guardian.

- a. Applicants who have not reached their 18th birthday must have at least one parent or guardian complete this section. Sign and date using blue or black ink.

11. SECTION IX - APPLICANT'S INTERVIEW RECORD - To be completed by the interviewer.

A. GENERAL - This form is used as a check off sheet to make certain the prospective member has been informed of the membership opportunities and obligations in the U.S. Coast Guard Auxiliary.

B. INTERVIEW SUBJECTS - The following subjects must be discussed in depth and any concerns addressed with the prospective member at this time.

1. What is the Auxiliary?
2. What one can expect from the Auxiliary.
3. What the Auxiliary expects from the member.
4. Importance of professional conduct in all activities.
5. Every member is expected to participate and contribute in some program.
6. Training and qualifications opportunities are provided to members who participate in Auxiliary programs.
7. Personal costs involved.
8. Your contribution to the Auxiliary.

12. SECTION X - DIRAUX ENDORSEMENT - To be completed by the Director of Auxiliary
 Enter new member number, date of enrollment and base enrollment date (MM/DD/YY). Sign and date.

13. OFI FORM 86C - SPECIAL AGREEMENT CHECK - To be completed by applicant.
 American citizens need to fill out 1 through 6 and 13.a & 13.b.
 Naturalized citizens need to fill out 1 through 6 and 13.a., 13.b & 13.c
 Dual citizens need to fill out 1 through 6 and 13.a., 13.b., 13.c & 13.d Note: If they are not "citizens", either by birth or naturalized, they cannot be Auxiliaries. **Make SURE you place an entry in each field; insert "N/A" if not applicable.**

1. Your full name must be given. If you are a "Jr.", "Sr.", "III", etc., enter the abbreviation in the space for suffix after the middle name. If you have initials only, enter each initial in the appropriate box and show (IO). If you have no middle name, enter "NMN".
2. Provide the month, day, year of your birth. Example: Enter June 7, 1942 as: "06/07/42".
3. Your place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in United States. Using the coding shown below, provide the abbreviation for the State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.

CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

4. Provide your Social Security Number.
5. To the extent information is available, list all other names you were known by or are now using. If you are female, and are or have been married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".
6. Check the appropriate box to specify sex as MALE or FEMALE.
13. a. Check appropriate box (note: U.S. citizenship is a requirement for membership; the box indicating "Not a citizen" cannot be checked.) **NOTE:** *If you check the first box, complete items b and d. If you check the second box, complete items b, c, and d.*
 - b. Enter first, middle, and last names of your mother and father. Enter your mother's full maiden name.
 - c. Enter information about one or more proofs of citizenship - *only if the second box in a. was checked.*
 - d. If you have dual citizenship, enter country other than U.S. here.

14. STANDARD FORM 85 - AUTHORIZATION FOR RELEASE OF INFORMATION - To be completed by applicant.
 Enter your full name and other names used, if any, your Social Security Number, and your current address, including your home telephone number with area code. Sign and date.