

DEPARTMENT OF  
TRANSPORTATION  
U.S. COAST GUARD  
ANSC 7001 (7-99)

U. S. COAST GUARD AUXILIARY  
**ENROLLMENT APPLICATION**  
(See Instructions and Privacy Act Statement on back of this form)

FLOTILLA NUMBER

**SECTION I PERSONAL DATA OF APPLICANT**

NAME: LAST, FIRST, MIDDLE INITIAL \_\_\_\_\_

CHECK MAILING ADDRESS

M  
 F  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

BOAT PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELLULAR PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX # \_\_\_\_\_ PAGER \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ RETIRED  YES  NO SOCIAL SECURITY ADM. NO. \_\_\_\_\_ DATE OF BIRTH M M / D D / Y Y \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

How do you describe yourself? (If you care to do so) Choose only one  
 White or Caucasian  American Indian or Alaskan Native  Black or African American  
 Hispanic American  Asian American or Pacific Islander

IN CASE OF EMERGENCY THE PERSON TO CONTACT IS:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONES: HOME \_\_\_\_\_ BUS \_\_\_\_\_ OTHER \_\_\_\_\_

**SECTION II CERTIFICATION OF APPLICANT**

I am a U.S. Citizen.  YES  NO My place of birth is: \_\_\_\_\_  
and if naturalized Date \_\_\_\_\_ Court location \_\_\_\_\_ Docket # \_\_\_\_\_

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

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION III FLOTILLA CERTIFICATION AND ATTACHMENTS**

APPLICATION TYPE:  NEW  RE-ENROLLMENT PREVIOUS MEMBER NO. \_\_\_\_\_

**REQUIRED**

YES  NO ANSC 7036 ATTACHED  
 YES  NO PRIVACY ACT STATEMENT READ  
(Privacy Act Statement on reverse side)  
 YES  NO NEW MEMBER EXAM COMPLETED  
DATE \_\_\_\_\_ SCORE \_\_\_\_\_

**OPTIONAL** (not required for membership)

FACILITY \_\_\_ VESSEL \_\_\_ AIRCRAFT \_\_\_ RADIO STATION  
(Check all that apply)  
BOATING COURSE COMPLETED: DATE \_\_\_\_\_  
\_\_\_ BS&S \_\_\_ S&S \_\_\_ UPS \_\_\_ OTHER  
SPECIAL TRAINING OR SKILLS: (specify) \_\_\_\_\_

RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL (If Disapproved state reason on separate sheet of paper and attach)

FLOTILLA COMMANDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FLOTILLA NUMBER \_\_\_\_\_

**SECTION IV DIRAUX ENDORSEMENT**

MEMBER NUMBER) \_\_\_\_\_ DATE OF ENROLLMENT M M / D D / Y Y \_\_\_\_\_ BASE ENROLLMENT DATE M M / D D / Y Y \_\_\_\_\_

APPLICANT IS ACCEPTED AS A MEMBER (Note if application is not accepted, explain in detail on a separate piece of paper and attach)

DIRAUX SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 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 enter new member personal data into AUXMIS.
  - 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.
2. **FLOTILLA NUMBER** - Enter the seven digit number of the flotilla submitting this application. Completed by the FC or FSO-PS .
3. **SECTION I PERSONAL DATA OF APPLICANT** - To be completed by Applicant.
  - a. **LAST NAME**-If JR., SR., or Numbers are used, include in this block.
  - b. **FIRST NAME AND MIDDLE INITIAL**-Enter as normally written.
  - c. **CHECK**- Check one of the gender boxes.
  - d. **MAILING ADDRESS**-Enter current mailing address.\
  - e. **CITY**-Enter name of city where address is located. If residence is outside the United States, also enter country.
  - f. **STATE**-Use the official two-letter postal code. Leave blank if outside the United States.
  - g. **ZIP CODE**-Use current five numbers. Add ZIP+4 when known..
  - h. **TELEPHONES/FAX/PAGER**-Enter area code and telephone number(s). Enter Email address.
  - i. **OCCUPATION**-Enter present occupation or indicate previous occupation, check box as to status.
  - j. **SOCIAL SECURITY ADMINISTRATION NUMBER**-Enter SSAN(See 1c above).
  - k. **DATE OF BIRTH**-Enter DOB using MM/DD/YY numeric format, 06/18/30(See 1c above) . Membership eligibility begins at 17 years of age.
  - l. **SPOUSE'S NAME**-Use spouse's given name - no nicknames.
  - m. **ETHNIC GROUP**(Optional)-Check box which describes your ethnic group.
  - n. **EMERGENCY CONTACT**-Enter name, address, telephone numbers with Area Codes and contact's relationship.
4. **SECTION II CERTIFICATION OF APPLICANT**-To be completed and signed by applicant.
  - a. **CITIZENSHIP**-Enter city, state and country of birth. Auxiliary members must be U.S. citizens.
  - b. **FELONY CONVICTIONS**-Check appropriate answer to conviction statement. A Felony Conviction within the past ten(10) years makes applicant ineligible for membership in the Auxiliary. Felony Convictions occurring more than ten(10) years ago may be waived by the Director of Auxiliary and applicant will be contacted for more information. Review application and data to ensure accuracy, then sign using full name and enter date.
  - c. Applicants who have not reached their 18th birthday must have at least one parent or guardian complete this section.
5. **SECTION III FLOTILLA CERTIFICATION AND ATTACHMENTS**-To be completed by the FC or FSO-PS.
  - a. **APPLICATION TYPE**-Check whether applicant is a new member or re-enrolling. If re-enrolling provide previous member number.
  - b. **CHECK-OFF LIST**-Check all appropriate boxes. Note: If facility owner, you may submit applicable facility inspection form, Vessel (ANSC 7003 ), Radio (ANSC 7004) or Aircraft (ANSC 7035) with this application or at a later date. If applicant possesses special training or experience, add information on a separate sheet. If applicant is willing to be trained and participate in any Auxiliary program, this information should be included.
  - c. **FLOTILLA COMMANDER RECOMMENDATION**-The Flotilla Commander must check appropriate box, sign and date application. If disapproval is recommended, the reason(s) must be stated on a separate sheet. If applicant is willing to be trained and participate in any Auxiliary program, this information should be included.
6. **SECTION IV DIRAUX ENDORSEMENT** - To be completed by the Director of Auxiliary.
  - a. Enter the new member number, date of enrollment and base enrollment date (MM / DD / YY). Sign and date.
  - b. If disapproved, reason(s) must be stated on a separate sheet of paper and attached to the application. A letter explaining the reason(s) for disapproval is sent to the applicant, with a copy to the Flotilla Commander.

### PRIVACY ACT STATEMENT

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

1. **AUTHORITY** which authorized the solicitation of the information: 14 USC Sec 823.
2. **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 Management Information System.
3. **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. (3) Coast Guard Institute. (4) NOAA.
4. **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.