



**Canadian Coast Guard Auxiliary
SAR CASE REIMBURSEMENT FORM**

Sar Case # _____ Zone # _____

Date of Incident _____

Member's Name _____

Address _____

CCGA Vessel Name _____

Damage to CCGA Vessel / Injuries to members () Yes () No

Start Time: _____ End Time _____ () Local () UCT

Name of Disabled Vessel _____

Comments _____

Signature _____ Date _____

*Please send your SAR Case Reimbursement Form To:
CCGA, PO Box 9640 CSC, Halifax, N. S. B3K 5S4*

FOR CCGA OFFICE USE ONLY

Date Received _____ Total Hours _____

Amount of Cheque Payable \$ _____