



CANADIAN COAST GUARD AUXILIARY (M) INC.

REQUEST FOR CHANGE OF INFORMATION

NAME _____ DATE OF CHANGE _____

ADDRESS _____ POSTAL CODE _____

TELEPHONE HOME () _____ BUSINESS () _____ CELLULAR () _____

PAGER () _____ E-MAIL ADDRESS _____

LANGUAGE PREFERENCE () ENGLISH () FRENCH

OTHER INFORMATION _____

VESSEL INFORMATION

NAME OF VESSEL _____ VHF CALL SIGN _____

() OWNER () CAPTAIN () CREW OFFICIAL LICENSE NUMBER _____

LENGTH _____ BEAM _____ DRAFT _____ MAXIMUM SPEED _____

TYPE OF VESSEL () FISHING () PLEASURE () COMMERCIAL

COLOR () HULL _____ () DECK _____ () CABIN _____ () HOUSETOP _____

POSITION OF HOMEPORT () LATITUDE _____ () LONGITUDE _____

TRAINING

	DATE	DATE	DATE
RBM 1	_____	RBM 2 _____	RBM 3 _____
RBM 4	_____	RBM 5 _____	RBM 6 _____
RBM 7	_____	RBM 8 _____	RBM 9 _____
INTRO	_____	SARPO _____	TRGOF _____
		SEAFARERS II _____	OPERATORS CARD _____

Please note this form is NOT an up-date facility report, but only a request to have information changed or corrected on our computer database system. Please fill any information that you wish to have changed or corrected, along with your name and membership number.

REQUESTED BY _____