



# Canadian Coast Guard Auxiliary Maritimes Inc.

## Request For Authorization Number

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**Activity Information:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Who:** \_\_\_\_\_

**Estimated Cost:** \_\_\_\_\_

**Please print name below of person requesting AA#:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\*\*\*\*\*

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_

AA Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_