



Auxiliary ID
Card
Application

DIVISION/FLOTILLA # 054 - _____

EMPLOYEE IDENTIFICATION NUMBER: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

WEIGHT: _____ HEIGHT: _____(Inches)

HAIR COLOR: _____ EYE COLOR _____

BLOOD TYPE: _____(Please be sure or write "UNK")

This Form May Be Emailed to the Shared Mailbox

The Photo Must Be Emailed Separately.

Do Not Mail Them Together In the Same Email

D05-SMB-D5-DIRAUX@USCG.MIL

**See AUX Manual Ch.5 O.1, pg 5-75 for specific guidance on ID photos.