

DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY ANSC 7003 (Rev 04-07)	VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM (See instructions and Privacy Act Statement on page 3)	INITIAL (NEW) REPORT REINSPECTION (REOFFER) CHANGE
---	---	--

SECTION I OWNER DATA - Completed by owner

OWNER'S MEMBER ID NUMBER	OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE OF OWNERSHIP (Check one) All owners must sign Section III SOLE AUX UNIT GOV'T MULTIPLE CORPORATE
CO-OWNER'S MEMBER ID NUMBER	CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL	

SECTION II FACILITY DATA - Completed by owner

REGISTRATION OR DOC. NO.	HULL IDENTIFICATION NO.	FACILITY'S NAME				FACILITY NO.				
VESSEL LOCATION				ZIP CODE	LATITUDE			LONGITUDE		
MANUFACTURER	MODEL	YEAR	TYPE VESSEL	LENGTH	BEAM	DRAFT	NO. BUNKS	WATER CAP.		
TYPE POWER	NO. ENGINES	HP EACH ENG	TYPE FUEL	FUEL CAPACITY	IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE					
CELL PHONE #		DSC NUMBER				Night OPS	Trailerable	Head	Range	Heater
MANUFACTURER		MODEL	YEAR	SERIAL #	FUEL CONSUMPTION	ECONOMICAL	CRUISE	MAXIMUM		
ENGINE 1:						Speed in Knots				
ENGINE 2:						Gallons per Hour				
GENSET:						K.W. Capacity		FACILITY AVAILABILITY All Weeknights Weekends		
Compass		Radio Direction Finder (RDF Type _____)		Depth Finder		Radar		Loran		GPS/DGPS
MF/HF SSB Output: _____		Channels: _____		VHF-FM Output: _____		Channels: _____		VHF-AM Output: _____		Channels: _____
OTHER SPECIAL EQUIPMENT - REMARKS:										
VALUE - HULL		VALUE - MACHINERY		VALUE - ELECTRONICS		VALUE - OTHER EQUIPMENT		TOTAL VALUE OF VESSEL		

SECTION III OWNER STATEMENTS, UNIT AND SIGNATURE - Completed by owner

The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and limitations determined by the order issuing authority. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all of this equipment will be on board the facility when underway under orders.

The above is not offered for use as an operational facility.

I (we) certify all entries in Sections I thru III are correct and current.

District	Division	Flotilla

Signature of Owner _____
Date _____
Signature of Co - Owner _____
Date _____

I understand that trailered Auxiliary facilities (tow vehicle and trailer) must comply with state vehicular laws and the manufacturer's recommendations for vehicle hitch and trailer assembly in regards to the tongue and gross weight of the trailer load. (All facility owners must initial)

Owner(s) Initials

SECTION IV USCGAUX VE's ENDORSEMENT - Completed by USCGAUX VE

I have inspected the vessel above as an operational non-operational facility and certify that it meets all requirements as such. It was inspected for use on Inland Protected Waters Coastal/Offshore Waters All Waters.

INSP DATE _____	VE's Member ID _____	VE's Unit _____

VE's Name _____
VE's Signature _____

SECTION V ACCEPTANCE - Completed by DIRAUX for Operational, DCO for Non-Operational

This facility is accepted at the inspection level indicated above.

Authorized Signature _____
Date _____

SECTION VI REQUIREMENTS FOR AN AUXILIARY FACILITY (Non Operational) - Completed by USCGAUX VE

OK	N/A	Item	OK	N/A	Item
		1. Numbering			21. MARPOL Trash Placard
		2. Registration / Documentation			22. Pollution Placard
		3. Navigation lights			23. Navigation Rules (boats 12m - 39.4 feet - or longer)
		4. Sound producing device			24. CG Capacity Plate
		5. Bell (boats 12m [39.4 ft.] or longer)			25. Certificate of Compliance
		6. Personal Flotation Device (PFD)			26. Hull Identification Number (HIN)
		7. Fire extinguishers (mounted, minimum)			27. RPM Table (or a means of determining speed)
		8. Visual Distress Signals (VDS) Inland			28. National Ensign
		9. Visual Distress Signals (VDS) International			29. CG Auxiliary Ensign
		10. Ventilation			30. First Aid Kit
		11. Backfire Flame Arrester			31. Charts of operating area
		12. Fuel system			32. Compass
		13. Anchor & Anchor Line			33. Deviation Table
		14. Alternate propulsion			34. Tools for emergency repairs
		15. Dewatering device			35. Lantern - flashlight
		16. Overall vessel condition			36. Spare Navigation light bulbs
		17. Electrical systems			*37. Navigation plotting instruments
		18. Galley / Heating systems			38. Depth sounder, leadline, sounding pole
		19. State requirements			39. Boat hook
		20. Marine Sanitation Device (MSD)			

SECTION VII REQUIREMENTS FOR AN OPERATIONAL AUXILIARY FACILITY - Completed by USCGAUX VE

OK	N/A	Item	OK	N/A	Item
		1. Meets all requirements of Section VI			17. Boarding ladder (or other means of boarding)
		2. Comms capability per Operations Policy Manual			*18. Kicker (skiff) hook
		*3. Satisfactory radio check on required frequencies			19. Binoculars
		4. SAR Incident Auxiliary Report (CG-4612) at least 1			20. Blanket
		5. Auxiliary engine (sailboat only)			21. Adequate fenders
		6. PFD (2 over legal requirements)			22. Towline and bridle (appropriate size / length)
		7. Patrol Signboards and Patrol Ensign			23. Heaving lines plus sufficient mooring lines
		*8. Search pattern plotting guide			*24. Extra anchor and anchor line
		9. Stern and bow cleats thru hull w/back plates			25. Search light
		10. Knife (3" blade minimum)			*26. Loud hailer/megaphone
		11. Watch or clock			27. Inspector viewed Reg/Doc papers for ownership
		*12. Portable pump or means of dewatering			28. Attached Assent & Authorization form for multiple owners
		*13. Tide tables (local)			29. Attached info requirements for corp. owned facilities
		*14. Light List for area (current)			30. Attached authorization for corporate offer for use
		15. Navigation Rules, COMDTINST M 16672.2 (series)			31. Additional items required by District Commander
		16. Extra fire extinguisher			

SECTION VIII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner

When I **am** on board as a crewmember I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

When I **am not** on board I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

I choose not to have anyone operate my vessel other than myself.

Owner(s) Initials for Section VIII

Attach additional sheets as necessary if you have more than two persons who may operate your facility. You may designate all operators in your district to operate your facility while you are onboard by entering "ALL" in the name field. "ALL" can only be used to designate operators when the owner is onboard.

INSTRUCTIONS**PRIVACY ACT STATEMENT**

1. Authority: 14 USC 826 and 827
2. Principal Purpose: To provide a means of selection and acceptance of vessels as U.S. Coast Guard operational facilities.
3. Routine use: Retained by directors of Auxiliary and cognizant USCG group commanders as a record of which vessels have been accepted by the director as U.S. Coast Guard operational facilities.
4. Disclosure: Voluntary, however, the detailed information requested on this form enables the Coast Guard to select qualified vessels as Coast Guard facilities. Failure by the member to provide all or part of the information will prevent the acceptance of the vessel as a Coast Guard facility,

Make sure your letters and numbers are printed like this:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

This form is used to report a vessel facility inspection and offer for use as well as to report changes in the status of a facility. If you sell or trade your facility and acquire a new one, this form is used to remove the old facility and enter the new one into the database.

INSTRUCTIONS (Use Ballpoint pen on multi-part form)

Check the appropriate box, in the heading, for the type of report - initial (new) report, reinspection (reoffer), or change. Submit ANSC-7038 - Activity Report - Vessel Examinations, for passing inspections. Failing inspections are reported as Vessel Safety Checks on ANSC-7038. Do not submit this form for failing inspections.

SECTION I - OWNER DATA

OWNER'S MEMBER ID NUMBER - The member holding the largest percentage of ownership enters their 7 digit member ID number. If this owner is not an Auxiliarist then enter "NON AUX." If the facility has multiple owners and is being offered for use, then attach "Assent and Authorization for Use" information outlined in the Auxiliary Operations Policy Manual. If the facility is corporate owned, leave member ID number blank. If the facility is corporate owned and being offered for use, then also attach the required information and the "Corporate Resolution" authorizing offer for use as outlined in the Auxiliary Operations Policy Manual.

OWNER'S LAST NAME - Enter the last name, first name, and middle initial that corresponds to the 7 digit member ID number. If the facility is corporate owned, enter the corporation's name.

TYPE OF OWNERSHIP - Check the appropriate box for ownership of the facility.

CO-OWNER'S MEMBER ID NUMBER AND LAST NAME - Complete as above instructions for "OWNER," except this applies to the owner who holds the second largest percentage of ownership.

SECTION II - FACILITY DATA (To be completed by owner before inspection of vessel.)

REGISTRATION OR DOC. NUMBER - Enter the facility's state registration number without hyphens or spacing (i.e., MU185NA, CZ1625BA). If documented, enter number as listed on Certificate of Documentation and as displayed on an interior structural part of the hull (i.e., NO.456234) instead of the state registration number.

HULL IDENTIFICATION NO. - Enter the manufacturer's hull identification number as listed on state registration and permanently imprinted on the vessel. NOTE: Many documented vessels will also have a HIN- if none, enter N/A.

FACILITY'S NAME - Enter the name of the vessel. If the vessel does not have a name, leave this box blank.

FACILITY NO. - Enter the district assigned CALL SIGN for the facility being inspected. Leave blank if none is currently assigned.

VESSEL LOCATION - Enter the city and state where the vessel is located or berthed.

ZIP CODE - Enter the zip code where the vessel is located or berthed.

LATITUDE - Enter the latitude where the vessel is located or berthed.

LONGITUDE - Enter the longitude where the vessel is located or berthed.

MANUFACTURER - Enter the name of the manufacturer of the vessel.

MODEL - Enter the manufacturer's model number or the model name of the vessel.

YEAR - Enter the year the vessel was built.

TYPE VESSEL - Select from list shown on page 5.

LENGTH - State the length of the hull in feet and inches. (as indicated on the registration papers.)

BEAM - State beam of vessel in feet and inches.

DRAFT - State the draft of vessel in feet inches.

NO. BUNKS - Indicate sleeping capacity.

WATER CAPACITY - Enter the water tank capacity in gallons. If no water tank installed, indicate "Not Applicable" or N/A.

TYPE POWER - Indicate type of power from list on page 5.

NO. ENGINES - Indicate the number of main propulsion engines on the vessel.

HP EACH ENG - Enter the engine horsepower (1 if multiple engine - NOT total vessel horsepower).

TYPE FUEL - Enter the type of fuel GASoline or DISL (diesel) the engine(s) require.

FUEL CAPACITY - Enter the total fuel capacity in U.S. gallons.

INSTRUCTIONS

PREVIOUS BOAT NO. - As necessary, enter the previous vessel's registration number if the facility being inspected replaces one that you previously owned. Do not use hyphens or leave spaces between letters and numerals.

CELL PHONE # - Enter number of cell phone normally carried on facility, including area code.

DSC NUMBER - Enter Digital Selective Calling number if available.

NIGHT OPS • TRAILERABLE • INSTALLED HEAD • RANGE INSTALLED • SPACE HEATER Check box if condition/item applies.

ENGINE MANUFACTURER - Indicate the name of the engine manufacturer for each engine from list on page 5 and the generator if installed. Enter N/A if appropriate.

MODEL NUMBER - Enter the engine(s) model number(s).

YEAR - Enter the year the engine(s) was (were) installed in the vessel.

SERIAL # - Enter the serial number(s).

K.W. CAPACITY - Enter genset output if installed

FACILITY AVAILABILITY - Check applicable box to indicate Anytime (All), Weeknights or Weekends.

FUEL CONSUMPTION - Indicate the fuel consumption per hour and speed in knots for economical, cruise, and maximum. (NOTE: ONE (1) KNOT = 1.15 STATUTE MILES PER HOUR)

COMPASS, RDF, etc. - Check box if item is installed. In area next to item, if present, indicate type, output and channels as applies- ALL channels or REQUIRED channels. RDF types are AUTO, DOPpler, MANual or SEMI-automatic.

OTHER SPECIAL EQUIP - In the space provided list other equipment or attach a separate sheet that lists other special equipment, if necessary. (Example: EPIRB, strobe light, inflatable life raft, CB radios, etc).

VALUE-HULL - Enter the fair market value of the hull. If the vessel is new enter the cost price.

VALUE-MACHINERY - Enter the fair market value of the vessel's engine(s), auxiliary generator, and any other machinery installed on the vessel. If they are all new, enter the cost price.

VALUE-ELECTRONICS - Enter the fair market value of all radios, depthfinders, radar, etc. installed on the vessel. If all are new, enter the cost price.

VALUE-OTHER EQUIP - Enter the fair market value of all other equipment installed in the vessel. (example: life raft, boathooks, anchors, etc.) If all are new, enter the cost price.

TOTAL VALUE OF VESSEL - Enter the total fair market value of the vessel and all of its equipment. If the vessel and all of the equipment is new enter the cost price.

(NOTE: The sum total of the values of the hull, machinery, electronics, and other equipment cannot exceed the total value listed for the vessel.)

SECTION III - OWNER STATEMENTS, UNIT AND SIGNATURE

Check the appropriate box but be sure you fully understand the statements before checking the statement which best describes the owner's intentions on the OFFER FOR USE. Any question(s) should be answered to the owner's(s) complete satisfaction prior to signing and dating the form. For corporate owned facilities, the appropriate designated officer of the corporation is to sign as the owner. Remember, before any facility can be accepted for use, ALL appropriate information must be provided to and approved by the Director. Enter Unit number to which Facility is associated. Initial tow vehicle and trailer statement. (All facility owners must initial, even if Facility is not trailerable.)

SECTION IV - VE's ENDORSEMENT (To be completed by VE only).

Check the appropriate boxes.

If facility does not meet requirements, return VE-signed form to owner - don't forward to Director or DCO for signature.

Enter date of inspection. Enter your 7 digit member ID number. Enter VE's Unit number.

Print your name and sign the form.

Give Copy 2 to owner and, if requirements are met, forward remaining copies to Director/DCO as appropriate.

Record mission on ANSC-7038. If Facility meets requirements, count as Vessel Facility Inspection. If failing, count as VSC.

SECTION V - ACCEPTANCE (To be completed by Director or DCO only).

Make sure required documents are attached before signing.

Confirm (or issue) district call sign in Section I

Sign and date the form.

Forward Copy 1 to owner and, if accepted, forward Copy 3 to AUXDATA Input site.

SECTION VI -- Requirements for an Auxiliary Facility (Non-operational). (To be completed by VE only).

Check the appropriate boxes.

Items marked by an asterisk (*) are recommended but may be waived by the district commander.

SECTION VII - Requirements for an Operational Auxiliary Facility. (To be completed by VE only).

Check the appropriate boxes.

Items marked by an asterisk (*) are recommended but may be waived by the District Commander.

Attach additional district requirements check-off list. (see item #31)

Make sure required documents are attached. See Section I instructions.

SECTION VIII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner

Check the applicable box and fill in the member name, member number, division and flotilla of the person(s) authorized to use your vessel while you are aboard/not aboard. Attach an extra sheet to add to the list of names if necessary. Attach additional sheets as necessary if you have more than two persons who may operate your facility. You may designate all operators in your district to operate your facility while you are onboard by entering "ALL" in the name field. "ALL" can only be used to designate operators when the owner is onboard.

Owner(s) must initial in the space provided.

FACILITY TYPES

AFTCAB	Aft Cabin	INFSP	Inflatable Spec Use
AIRBT	Airboat	JET	Jet Boat
AUX	Auxiliary Sail	JETBASS	Jet Bass Boat
AUXCUT	Aux Sail Cutter	KETCH	Ketch
AUXSL	Auxiliary Sail	LNDCT	Landing Craft
AUXSLCUT	Auxiliary Sail Cutter	MLBFB	MLB Fireboat
AUXSLP	Auxiliary Sloop	MOTRSAIL	Motor Sailer
BASS	Bass Boat	MOTRWB	Motor Whaleboat
BR	Bow Rider	MOTRYT	Motor Yacht
CAT	Catamaran	NTUG	Nordic Tug
CATCC	Catamaran Center Console	OFB	Offshore Fish Boat
CC	Cabin Cruiser	OPBOW	Open Bow
CENCNSL	Center Console	OPDCNSL	Open Dual Console
CLCUDWLK	Closed Cuddy Walkaround	OPRHI	Open - RHI
CLRBT	Closed Runabout	PTHS	Pilot House
CLWLK	Closed Walkaround	PTN	Pontoon
COMBR	Command Bridge	PWC2	PWC 2 Seat
CONV	Convertible	PWC3	PWC 3 Seat
CREWC	Crewboat Closed	RHI	RHI
CRS	Cruiser	SAILCAT	Sail/Catamaran
CUDCAB	Cuddy Cabin	SEDAN	Sedan
DB	Deck Boat	SEDANBR	Sedan Bridge
DCFB	Double Cabin W/FB	SFOP	Sportfish Open
DORY	Dory	SKF	Skiff
EXPCRS	Express Cruiser	SKIBT	Ski Boat
EXPHT	Express Hardtop	THLJON	Tunnelhull Jonboat
FB	Freeboat	TRICC	Tri Cabin Cruiser
FBCRS	Fly Bridge Cruiser	TRIH	Tri Hull
FBM	Fly Bridge Motoryacht	TRIHLD	Tri Hull Deck Boat
FBS	Fly Bridge Sedan	TRLR	Trawler
FD	Flush Deck	TRLRMYT	Trawler Motoryacht
HB	Houseboat	TRLRTUG	Trawlet, Tug
HOVC	Hover Craft	TUG	Tug Boat
INF	Inflatable	UTIL	Utility

ENGINE TYPES

BERK	Berkley Jet	HOND	Honda
CAT	Caterpillar	JOHN	Johnson
CHRY	Chrysler	KHDC	KHD Canada
CMGS	Cummings	LYC	Lycoming
CONT	Continental	MERC	Mercury
COV	Covington	MRCR	Mercuriser
CRUS	Crusader	NISS	Nissan
DETR	Detroit	OMC	OMC
EVIN	Evinrude	OTHR	Other
FORC	Force	PALM	Palmer International
FORD	Ford	SUZK	Suzuki
GM	General Motors	USM	U.S. Marine
GRAY	Gray Marine	VOLV	Volvo
HF	Hamilton Ferris	WEST	Westerbeke
		YAMH	Yamaha

POWERTYPES

AUX	Auxiliary Sailboat
I	Inboard
IO	Inboard-Outboard
JET	Jet Drive
SL	Sail
O	Outboard