

**DISTRICT 11S EMERGENCY OPERATIONS RESPONSE
CREW, COXSWAIN, PWC OPERATOR
AND VESSEL FACILITY AVAILABILITY DATA DATED _____**

Name: _____ Member # _____ Flotilla _____
 Home Location City: _____ State _____ Zip _____
 Telephone Home _____ Business _____ Cell _____
 Member Qualifications: _____ Crew _____ Coxswain _____ PWC Operator
 (check all that apply)

Availability _____ Less than 1 hr _____ Less than 6 hrs _____ Less than 12 hrs _____ Less than 24 hrs
 (Check the soonest you personally can **depart** for assigned station to act as crew, coxswain or PWC operator after receipt of notice)
 _____ I am available for sustained/long term activity

COMPLETE ALL OF THE FOLLOWING IF YOU OWN AN OPERATIONAL FACILITY

VESSEL FACILITY (A):

Facility Name _____ Auxiliary ID A _____
 Type: _____ Power _____ Sail _____ PWC _____ Length _____ ft Beam _____ ft Trailerable (Y/N) _____
 Registration/Doc. # _____ Cruise Speed (knots) _____ Max. Endurance at cruise (hrs) _____
 Available Equipment: _____ GPS _____ Radar _____ Head _____ Bunk(s) _____
 Facility Location (address) _____ Lat. N _____ Lon. W _____
 (degrees, minutes and tenths of minutes)

Availability _____ Less than 1 hr _____ Less than 6 hrs _____ Less than 12 hrs _____ Less than 24 hrs
 (Check the soonest this facility can be **ready to depart** from Facility Location for assigned duty after receipt of notice)
 _____ This vessel facility is available for sustained/long term activity

VESSEL FACILITY (B):

Facility Name _____ Auxiliary ID A _____
 Type: _____ Power _____ Sail _____ PWC _____ Length _____ ft Beam _____ ft Trailerable (Y/N) _____
 Registration/Doc. # _____ Cruise Speed (knots) _____ Max. Endurance at cruise (hrs) _____
 Available Equipment: _____ GPS _____ Radar _____ Head _____ Bunk(s) _____
 Facility Location (address) _____ Lat. N _____ Lon. W _____
 (degrees, minutes and tenths of minutes)

Availability _____ Less than 1 hr _____ Less than 6 hrs _____ Less than 12 hrs _____ Less than 24 hrs
 (Check the soonest this facility can be **ready to depart** from Facility Location for assigned duty after receipt of notice)
 _____ This vessel facility is available for sustained/long term activity

For **trailable** vessel facilities list maximum miles willing to travel: _____ 50 _____ 100 _____ 200 _____ 300 _____ 500

I understand that by submitting this form, I am offering myself and any vessel facilities listed to participate as indicated in the event of an emergency call out. To the best of my knowledge the information set forth above is true and correct. I agree to notify my FSO-OP in the event of any change in my availability or the availability of my listed vessel facilities (vacation, extended illness, loss of certification, facility breakdown, etc.)

(Distribution: Member to FC to DCP to MDA
 Coordinator)

 (Signature)