

Filling out the Short Term Resident Training Request (CG-5223)

Block4 Complete as indicated request must specify a specific person.

Block2 Check appropriate request status box.

Block1 Enter date request prepared.

Block9 Enter Auxiliary member number, example: 1234567

Block8 Enter unit title as listed in AUXDATA, example: Flotilla 085-11-05 Stones River

Block7 Provide course title number with location, example: AUX-02A AUXLAMS Part A Dallas, TX

Block12 Enter location of training desired such as Dallas, TX.

Block17 Complete choice as indicated.

Block18 List all current elected or staff officer positions held.

Block19 Complete as indicated.

Block23 Flotilla Commander should sign and forward to the Director of Auxiliary by mail or fax.

Block10 Enter name of your FSO-MT as the contact for follow up.

Block11 Insert telephone number with the area code for the FSO-MT listed in Block 10.

Block15 Use priority code 1 or 2 as defined below:
 1. Elected or appointed officer.
 2. Not an elected or appointed officer.

Block16 List duration of course.

Block20 Length of Auxiliary service (# of years).

Auxiliary Use Only
See Instructions on page 2!!!

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5223 (Rev: 05-10) ANSC 7059		(Information on this form are Privacy Act Protected, 5USC 522(a)) (When filling in items 1. thru 22. NOTE (M) MANDATORY or (Q) OPTIONAL)		DATE (M)				
3. SOC. SECURITY NO. (M)		4. NAME (Last, Initials) (M)		5. RANK/RATE (M)				
Not Applicable				CIV/AUX				
7. COURSE TITLE/NUMBER (M)		8. FLOTILLA (M)		9. MEMBER NUMBER (M)				
				N/A				
12. TRAINING SOURCE/LOCATION (M)		10. POINT OF CONTACT (FSO-MT name) (M)		11. FSO-MT TELEPHONE NUMBER (M)				
Not Applicable		Not Applicable		AREA CODE NUMBER EXT				
17. COURSE CONVENING PREFERENCE (M)		15. PRIORITY (Code) (M)		16. COURSE DURATION (M)				
A. FIRST CHOICE (M)		B. SECOND CHOICE (M)		C. THIRD CHOICE (M)				
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY
18. STAFF OFFICER POSITIONS HELD (M)		19. MEETS COURSE PREREQUISITES (M) (e.g. Prior courses/rate) (Check applicable box)		20. LENGTH OF AUXILIARY SVC (YRS) (M)				
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A						
22. SUPPORTING REMARKS AND COURSE DESCRIPTION (Attach course literature; for commercial sources). (O)		23. FIRST ENDORSEMENT FORWARDED						
		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required)						
Not Applicable		A. FLOTILLA B. DATE C. REMARKS D. TITLE Flotilla Commander E. SIGNATURE						
		A. DIST/UNIT/DIRAUX B. DATE C. REMARKS D. TITLE E. SIGNATURE						

Block22

This block should be used to provide information required for considering your request. Complete home address including zip code. Your phone number and email address. **And how many miles do you live from the training location.** If early notification is require (4-6 weeks prior to course) provide reason why. Note any special considerations for physical or dietary limitation requirements.