

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

Auxiliary Use Only
See Instructions on page 2!!!

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5223 (Rev. 05-00) ANSC 7059		(Information on this form are Privacy Act Protected, 5U.S.C 522(a)) (When filling in items 1. thru 22. NOTE (M) MANDATORY or (Q) OPTIONAL)	
1. DATE (M)	2. REQUEST STATUS (Check one)		
A. (M) INITIAL	C. (Q) CORRECTED		
B. (M) RESUBMISSION (M)	D. (M) CANCELLATION (M)		
3. SOC. SECURITY NO. (M)	4. NAME (Last, Initials) (M)	5. RANK/RATE (M)	
Not Applicable		CIV/AUX	N/A
7. COURSE TITLE/NUMBER (M)	8. FLOTILLA(M)	9. MEMBER NUMBER (M)	
	10. POINT OF CONTACT (FSO-MT name) (M)	11.FSO-MT TELEPHONE NUMBER (M)	
		AREA CODE NUMBER EXT	
12. TRAINING SOURCE/LOCATION (M)	15. PRIORITY (Code) (M)		
Not Applicable	Not Applicable		
17. COURSE CONVENING PREFERENCE (M)		16. COURSE DURATION (M)	
A. FIRST CHOICE (M)		WEEKS DAYS	
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 (YR.) (M)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Not Applicable			
22. SUPPORTING REMARKS AND COURSE DESCRIPTION (Attach course literature; for commercial sources) (O)			

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

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

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

Block17 Complete choice as indicated.

Block15 Use priority code 1 or 2 as defined below:
1. DCDR /VCDR / 2nd Year FC
2. FC/VFC/DSO with AUXLAMS CERTIFICATE
3. ALL OTHERS WITH AUXLAMS CERTIFICATE

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.

23. FIRST ENDORSEMENT FORWARDED		A. FLOTILLA		B. DATE	
<input type="checkbox"/> APPROVED		C. REMARKS			
<input type="checkbox"/> DISAPPROVED (Remarks required)		D. TITLE Flotilla Commander		E. SIGNATURE	
Not Applicable		A. DIST/UNIT/DIRAUX		B. DATE	
		C. REMARKS			
		D. TITLE		E. SIGNATURE	

Block16 List duration of course.

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.

Block20 Length of Auxiliary service (# of years).