

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-05 AULOC St. Louis, MO

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.

Block12 Enter location of training desired such as St. Louis, MO.

Block15 Use priority code 1 or 2 as defined below:
1. Newly elected District Captain, that has never attended before
2. National Director who has never attended before.

Block17 Complete choice as indicated.

Block16 List duration of course.

Block18 List all current elected or staff officer positions held.

Block19 Complete as indicated.

Block20 Length of Auxiliary service (# of years).

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

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.

Auxiliary Use Only
See Instructions on page 2!!!

Information on this form are Privacy Act Protected, 5USC 522(a)
(When filling in items 1. thru 22. NOTE (M) MANDATORY or (Q) OPTIONAL

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5223 (Rev: 05-10) ANSC 7059		DATE (M)	2. REQUEST STATUS (Check one)	
3. SOC. SECURITY NO. (M) Not Applicable	4. NAME (Last, Initial) (M)	5. RANK/RATE (M) CIV/AUX	A. (M) INITIAL	C. (Q) CORRECTED
7. COURSE TITLE/NUMBER (M)	8. FLOTILLA (M)	9. MEMBER NUMBER (M) N/A		
12. TRAINING SOURCE/LOCATION (M) Not Applicable	10. POINT OF CONTACT (FSO-MT name) (M)	11. FSO-MT TELEPHONE NUMBER (M)		
17. COURSE CONVENING PREFERENCE (M)		15. PRIORITY (Code) (M)		
A. FIRST CHOICE (M)		B. SECOND CHOICE (M)		16. COURSE DURATION (M)
YEAR	MONTH	DAY	YEAR	WEEKS
			YEAR	DAYS
			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		A. FLOTILLA		B. DATE
<input type="checkbox"/> DISAPPROVED (Remarks required)		C. REMARKS		
		D. TITLE Flotilla Commander		E. SIGNATURE
		A. DIST/UNIT/DIRAUX		B. DATE
		C. REMARKS		
		D. TITLE		E. SIGNATURE