



Revision Date Feb 2024



## **UNITED STATES COAST GUARD AUXILIARY NEW INTERPRETER APPLICATION**

Email this completed form to: [interpreterapplications@cgauxnet.us](mailto:interpreterapplications@cgauxnet.us)

*Instructions: Fill in the below fields or use the pull down menus or click to provide responses*

**APPLICANT NAME:**

**MEMBER ID NUMBER:**

**Phone:**

**FLOTILLA NUMBER:**  
(District-Division-Flotilla):

**Email:**

**PREREQUISITES:**

**Status:**  
(Minimum BQ)

**ICS 100 & 700:**

**Intro Risk Management:**

**AUXCT**  
(Core Training)

**Favorable PSI:**  
(OS or DO)

**U.S. DOD & OTHER QUALS: (click if applicable)**

**Anti Terrorism1**

**Human Rights**

**ISOPREP**

**Knowledge of**

**Survival, Evasion, Resistance & Escape 100.1**

**AUXCOM/TCO**

**Nautical Terms:**

**LANGUAGE APPLYING FOR AS INTERPRETER:**  
(one language only per application)

**Spoken:**

**Written:**

**Reading:**

**Acquired:**

**ENGLISH:**

**Spoken:**

**Written:**

**Reading:**

**Acquired:**

**READINESS:**

**Available on call 24 hours?**

**Can Travel:**

**Need Advance Notice: (Days):**

**MILITARY:**

**Prior Armed Services:**

**EDUCATION:**

**Highest Level:**

**OTHER INTERPRETER / LANGUAGE DIPLOMAS / CERTIFICATIONS:**

**DPSI**

**FCI/FCT**

**ATA**

**DLPT**

**ILR**

**Other**

**COMMENTS:**