DEPARTMENT OF HOMELAND SECU U.S.C.G. AUXILIAF ANSC 7003 (Rev 0	IRITY RY	VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM (See instructions and Privacy Act Statement on page 4)INITIAL (NEW) REPORT REINSPECTION (REOFFER) CHANGE				
SECTION I OW	VNER D	ATA - Comp	leted by	y owner		
OWNER'S MEMBER D NUMBER OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL CO-OWNER'S MEMBER ID NUMBER CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL					TYPE OF OWNERSHIP (Check one) All owners must sign Section III SOLE AUX UNIT GOV'T MULTIPLE CORPORATE	
SECTION II F/	ACILITY	DATA - Con	pleted	by owner		
REGISTRATION OR DOC		HULL IDENTIFICA		FACILITY'S NAME		FACILITY
VESSEL LOCATION				ZIP CODE	LATITUDE	NO. LONGITUDE
MANUFACTURER	MOI	DEL	YEAR	TYPE VESSEL	LENGTH BEAM DRAFT	NO. BUNKS WATER CAP.
TYPE POWER NO	. ENGINES	HP EACH E	NG	TYPE FUEL FUEL C	APACITY IF THIS FACILITY REPLAC CURRENTLY RECORDED, OLD FACILITY NUMBER H	ENTER
CELL PHONE #	DSC	MMSI NUMBER			Night OPS Trailerab	
MA	NUFACTURE	R MODEL	YEAR	SERIAL #		DNOMICAL CRUISE MAXIMUM
ENGINE 1:		•			Speed in Knots	
ENGINE 2:		•			Gallons per Hour	
GENSET:					K.W. Capacity	FACILITY AVAILABILITY
Compass Ra	dio Directio	n Finder (RDF 1	 _ype	_) Depth Fin	der Radar GPS/DGPS	
MF/HF SSB Outp		nannels:	VHF-F	M Output: 0	Channels:VHF-AM O	utput: Channels:
OTHER SPECIAL EQUIPM	IENT - REMAF	RKS:				
	Current Market Value of the Vessel, including the Hull, all					
Machinery, Electronics and Other Special Equipment						
 The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and limitations deter-mined by the order issuing authority. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all of this equipment will be on board the facility when underway under orders. For multi-owner or corporate owner facilities, it is understood and agreed if an investigation related to the use or ownership of the Facility is conducted by the Coast Guard or Coast Guard Auxiliary, all financial and/or maintenance records relating to the Facility must be produced by anyone in possession or having access to those records. 						
I (we) certify all	entries in	Sections I thru I	l are corre	ect and current.	Dist-Div-Flot	
	Signature of Owner Date Signature of Co - Owner Date					
I understand that trailered Auxiliary facilities (tow vehicle and trailer) must comply with state vehicular laws and the manufacturer's recommendations for vehicle hitch and trailer assembly in regards to the tongue and gross weight of the trailer load. (All facility owners must initial)						
SECTION IV USCGAUX VE's ENDORSEMENT - Completed by USCGAUX VE						
I have inspected the vessel above as an operational facility and certify that it meets all requirements as such. It was inspected for use on Sole State Waters Inland Navigable Waters Coastal/Offshore Waters All Waters.						
INSP DATE VE's Member ID						
VE's Name VE's Signature						
SECTION V A	SECTION V ACCEPTANCE - Completed by DIRAUX					
This facility is	This facility is accepted at the inspection level indicated above.					
			Authoria	zed Signature		Date

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SI	ЕСТ	ION \	/I REQUIREMEN	ITS FOR AN A	UXILIARY F		ITY -	Cor	npleted by USCGAUX VE
ок	N/A			ltem		ок	N/A		Item
		1.	Certificate of Comp	liance				36.	Auxiliary engine (sailboat only)
		2.	CG Capacity Plate					37.	Blanket
		3.	Registration / Docur	mentation				38.	Binoculars
		4.	Hull Identification N	umber (HIN)				39.	Boat hook
		5.	Numbering - State of	or CG Documentation	on			40.	Boarding ladder (or other means of boarding)
		6.	First Aid Kit					41.	Depth sounder, leadline, sounding pole
		7.	Lantern - flashlight					42.	Bilge pump or other dewatering device
		8.	* Loud hailer/megap	hone				43.	Fire extinguishers (mounted, minimum)
		9.	Marine Sanitation D	evice (MSD)				44.	Extra fire extinguisher
		10.	MARPOL Trash Pla	card				45.	* Kicker (skiff) hook
		11.	Pollution Placard					46.	Knife (3" blade minimum)
		12.	Navigation lights			1		47.	Personal Flotation Device (PFD) (speed rated if
		13.	Search light			⊢	<u> </u>	48.	required) PFD (2 over legal requirements - speed rated not
		14. 15.	Sound producing de Bell (See Instruction			╘		-10.	required)
		16.	Ventilation	15)		┥—		49.	Visual Distress Signals (VDS) Inland
		17.	RPM Table (or a me	and of dotormining	spood)	⊢		50.	Visual Distress Signals (VDS) International
		17.		-		⊢	<u> </u>	51.	* Portable pump or means of dewatering
			Navigation Rules, C		72.2 (Series)	┥—		52.	Spare Navigation light bulbs
		19. 20.	CG Auxiliary Ensign			⊢		53.	Stern and bow cleats thru hull w/back plates
		20.	National Ensign Patrol Signboards a	nd Patrol Engine		⊢	<u> </u>	54.	Tools for emergency repairs
		21.	SAR Incident Auxilia		2) at least 1	┥—		55.	Watch or clock
		22.	Towline and bridle (⊢		56.	Comms capability per Operations Policy Manual
		23.	Heaving lines plus s			—		57.	* Satisfactory radio check on required frequencies
		24.	* Tide tables (local)		165	┥—		58.	Electrical systems
		25.	Compass			⊢	<u> </u>	59.	Fuel system
						⊢	<u> </u>	60.	Backfire Flame Arrester
27. Deviation Table 28. * Light List for area (current)			┥—		61.	Galley / Heating systems			
		20.	Navigation plotting i			⊢		62.	Overall vessel condition
		30.	* Search pattern plo			—		63.	State requirements
		31.	Charts of operating			┥—		64.	Inspector viewed Reg/Doc papers for ownership
		31.		alea		1		65.	Attached Assent & Authorization form for multiple owners
		32.	Alternate propulsion	<u>,</u>				66.	Attached authorization for corporate offer for use
		34.	Anchor & Anchor Li					67.	Attached info requirements for corp. owned facilities
		35.	* Extra anchor and			┢──		68.	Additional items required by District Commander
SE	СТІ								R - Completed by Owner
	Whe	n I an	n on board as a cre	wmember I auth	orize the follow	ving C	Coxsv	vains	to operate my facility under orders.
Na	me			Member Number	Dist-Div-Flot	Nar	me		Member Number Dist-Div-Flot
⊢									
When I am not on board I authorize the following Coxswains to operate my facility under orders. Name Member Number Dist-Div-Flot Name Member Number Dist-Div-Flot									
						INC	ne		
-						-			
┝─	Loha	2000	ot to have environ			01/0.0	F		
I choose not to have anyone operate my vessel other than myself.									
			ner(s) Initials Section VII	At	tach additional she	eets to	list mo	re Cox	swains

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Additional Owners Not Listed of	on Page 1:			
My signature here signifies agr	eement with owner statements	in Section III.		
Name:	Member ID:	Signature:		
Name:	Member ID:	Signature:		
Name:	Member ID:	Signature:		
Name:	Member ID:	Signature:		
Name:	Member ID:	Signature:		

If there are additional owners provide their information on another copy of page 3.

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Vessel Facility Inspection and Offer for Use

PRIVACY ACT STATEMENT

1. Authority:	14 USC	§ 3907 and	§ 3908
1.7 tottionty.	11000	3 0001 0110	3 0000

- 2. Principal Purpose: To provide a means of selection and acceptance of vessels as U.S. Coast Guard operational facilities.
- 3. Routine use: Retained by directors of Auxiliary and cognizant USCG group commanders as a record of which vessels have been accepted by the director as U.S. Coast Guard operational facilities. Voluntary, however, the detailed information requested on this form enables the Coast Guard to select qualified vessels as Coast Guard facilities. Failure by the member to provide all or part of the information will prevent the acceptance of the vessel as a Coast Guard facility.

Make sure your letters and numbers are printed like this:

<u>1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z</u>

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

This form is used to report a vessel facility inspection and offer for use as well as to report changes in the status of a facility. If you sell or trade your facility and acquire a new one, this form is used to remove the old facility and enter the new one into the database.

INSTRUCTIONS (Use Ballpoint Pen)

Check the appropriate box, in the heading, for the type of report - initial (new) report, reinspection (reoffer), or change. Submit ANSC-7038 - Activity Report - Vessel Examinations, for passing inspections. Failing inspections are reported as Vessel Safety Checks on ANSC-7038. Do not submit this form for failing inspections.

SECTION I - OWNER DATA

OWNER'S MEMBER ID NUMBER - The member holding the largest percentage of ownership enters their 7 digit member ID number. If this owner is not an Auxiliarist then enter "NON AUX." If the facility has multiple owners and is being offered for use, then attach "Assent and Authorization for Use" information outlined in the Auxiliary Operations Policy Manual. If the facility is corporate owned, leave member ID number blank. If the facility is corporate owned and being offered for use, then also attach the required information and the "Corporate Resolution" authorizing offer for use as outlined in the Auxiliary Operations Policy Manual.

OWNER'S LAST NAME - Enter the last name, first name, and middle initial that corresponds to the 7 digit member ID number. If the facility is corporate owned, enter the corporation's name.

TYPE OF OWNERSHIP - Check the appropriate box for ownership of the facility.

CO-OWNER'S MEMBER ID NUMBER AND LAST NAME - Complete as above instructions for "OWNER," except this applies to the owner who holds the second largest percentage of ownership.

SECTION II - FACILITY DATA (To be completed by owner before inspection of vessel.)

REGISTRATION OR DOC. NUMBER - Enter the facility's state registration number without hyphens or spacing (i.e., MU-185NA, CZ1625BA). If documented, enter number as listed on Certificate of Documentation and as displayed on an interior structural part of the hull (i.e., NO.456234) instead of the state registration number.

HULL IDENTIFICATION NO. - Enter the manufacturer's hull identification number as listed on state registration and permanently imprinted on the vessel. NOTE: Many documented vessels will also have a HIN- if none, enter N/A.

FACILITY'S NAME - Enter the name of the vessel. If the vessel does not have a name, leave this box blank.

FACILITY NO. - Enter the district assigned CALL SIGN for the facility being inspected. Leave blank if none is currently assigned.

VESSEL LOCATION - Enter the city and state where the vessel is located or berthed.

ZIP CODE - Enter the zip code where the vessel is located or berthed.

LATITUDE - Enter the latitude where the vessel is located or berthed.

LONGITUDE - Enter the longitude where the vessel is located or berthed.

MANUFACTURER - Enter the name of the manufacturer of the vessel.

MODEL - Enter the manufacturer's model number or the model name of the vessel.

YEAR - Enter the year the vessel was built.

TYPE VESSEL - Select from list shown on page 6.

LENGTH - State the length of the hull in feet and inches. (as indicated on the registration papers.)

BEAM - State beam of vessel in feet and inches.

DRAFT - State the draft of vessel in feet inches.

NO. BUNKS - Indicate sleeping capacity.

WATER CAPACITY - Enter the water tank capacity in gallons. If no water tank installed, indicate "Not Applicable" or N/A. **TYPE POWER -** Indicate type of power from list on page 6.

NO. ENGINES - Indicate the number of main propulsion engines on the vessel.

HP EACH ENG - Enter the engine horsepower (1 if multiple engine - NOT total vessel horsepower).

TYPE FUEL - Enter the type of fuel GASoline or DISL (diesel) the engine(s) require.

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Vessel Facility Inspection and Offer for Use

FUEL CAPACITY - Enter the total fuel capacity in U.S. gallons.

PREVIOUS BOAT NO.- As necessary, enter the previous vessel's registration number if the facility being inspected replaces one that you previously owned. Do not use hyphens or leave spaces between letters and numerals.

CELL PHONE # - Enter number of cell phone normally carried on facility, Including area code.

DSC NUMBER - Enter Digital Selective Calling (MMIS) number, if equipped with a DSC capable radio.

NIGHT OPS • TRAILERABLE • INSTALLED HEAD • RANGE INSTALLED • SPACE HEATER Check box if condition/item applies.

ENGINE MANUFACTURER - Indicate the name of the engine manufacturer for each engine from list on page 5 and the generator if installed. Enter N/A if appropriate.

MODEL NUMBER - Enter the engine(s) model number(s).

YEAR - Enter the year the engine(s) was (were) installed in the vessel.

SERIAL # - Enter the serial number(s).

K.W. CAPACITY - Enter genset output if installed

FACILITY AVAILABILITY - Check applicable box to indicate Anytime (All), Weeknights or Weekends.

FUEL CONSUMPTION - Indicate the fuel consumption per hour and speed in knots for economical, cruise, and maximum. (NOTE: ONE (1) KNOT = 1.15 STATUTE MILES PER HOUR)

COMPASS, RDF, etc. Check box if item is installed. In area next to item, if present, indicate type, output and channels as applies- ALL channels or REQUIRED channels. RDF types are AUTO, DOPPLER, MANUAL or SEMI-automatic.

OTHER SPECIAL EQUIP - In the space provided list other equipment or attach a separate sheet that lists other special equipment , if necessary. (Example EPIRB, strobe light, inflatable life raft, CB radios, etc).

VALUE-VESSEL - Enter the current fair market value of the Vessel and all of its machinery, electronics and other special equipment. Take into consideration depreciation since the vessel was new or purchased.

SECTION III - OWNER STATEMENTS, UNIT AND SIGNATURE

Check the appropriate box but be sure you fully understand the statements before checking the statement which best describes the owner's intentions on the OFFER FOR USE. Any question(s) should be answered to the owner's(s) complete satisfaction prior to signing and dating the form. For corporate owned facilities, the appropriate designated officer of the corporation is to sign as the owner. Remember, before any facility can be accepted for use, ALL appropriate information must be provided to and approved by the Director. Enter Unit number to which Facility is associated. Initial tow vehicle and trailer statement. (All facility owners must initial, even if Facility is not trailerable.)

SECTION IV - VE's ENDORSEMENT (To be completed by VE only).

Check the appropriate boxes.

If facility does not meet requirements, return VE-signed form to owner - don't forward to Director for signature.

Enter date of inspection. Enter your 7 digit member ID number. Enter VE's Unit number.

Print your name and sign the form.

Give Copy 2 to owner and, if requirements are met, forward remaining copies to Director.

Record mission on ANSC-7038. If Facility meets requirements, count as Vessel Facility Inspection. If failing, count as VSC.

SECTION V - ACCEPTANCE (To be completed by Director).

Make sure required documents are attached before signing.

Confirm (or issue) district call sign in Section I

Sign and date the form.

Forward Copy 1 to owner and, if accepted, forward Copy 3 to AUXDATA Input site.

SECTION VI - Requirements for an Operational Auxiliary Facility. (To be completed by VE only).

Check the appropriate boxes.

BELL: A bell is required on boats 12m [39.4 ft.] or longer except for vessels operated exclusively within International waters, where a bell is required only if 20m [65 ft.] or longer.

Personal Flotation Devices (PFDs): if the vessel is capable of speeds more than 35 MPH, the PFDs must be 50 MPH rated, the two extra PFDs do not need to be speed rated.

Spare Navigation Light Bulbs: If the vessel is equipped with LED navigation fixtures, spare light bulbs are not necessary. All elements of the fixture must be working. If any LED element on the fixture is out, the fixture needs to be replaced. If the vessel uses LED bulbs in a standard navigation fixture, spare bulbs are required.

Items marked by an asterisk (*) are recommended but may be waived by the District Commander.

SECTION VII - OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - (Completed by Owner)

Check the applicable box and fill in the member name, member number, district, division and flotilla number of the Coxswain(s) authorized to use your vessel while you are aboard/not aboard. All authorized coxswains must be listed individually, not grouped (e.g., do not enter, "All coxswains in Division 6"). Attach an extra sheet to add to the list of names if necessary.

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Vessel Facility Inspection and Offer for Use

FACILITY TYPES

AFTCAB	Aft Cabin
AIRBT	Airboat
AUX	Auxiliary Sail
AUXCUT	Aux Sail Cutter
AUXSL	Auxiliary Sail
AUXSLCUT	
AUXSLP	
BASS	
BR	
CAT	
	Catamaran Center Console
CC	Cabin Cruiser
CENCNSL	Center Console
CLCUDVVLK	Closed Cuddy Walkaround
CLRBT	
CLWLK	
COMBR	
CONV	
CREWC	Crewboat Closed
CRS	Cruiser
CUDCAB	Cuddy Cabin
DB	Deck Boat
DCFB	Double Cabin W/FB
DORY	Dorv
EXPCRS	Express Cruiser
EXPHT	Express Hardtop
FB	
FBCRS	
	Fly Bridge Motoryacht
FBS	
FD	
НВ	
HOVC	
INF	
	IIIIIalaDIE

INFSP	Inflatable Spec Use
JET	
JETBASS	
KETCH	
LNDCFT	
MLBFB	0
MOTRSAIL	
MOTRWB	
MOTRYT	
NTUG	
OFB	
OPBOW	Open Bow
OPDCNSL	
OPRHI	Open - RHI
PTHS	Pilot House
PTN	Pontoon
PWC2	PWC 2 Seat
PWC3	
RHI	
SAILCAT	
SEDAN	
SEDANBR	
SFOP	
SKF	
SKIBT	
-	
THLJON	
TRICC	
TRIHL	
TRIHLDB	
TRLR	
TRLRMYT	Trawler Motoryacht
TRLRTUG	Trawlet, Tug
TUG	Tug Boat
UTIL	Utility
	-

ENGINE TYPES

BERK	Berkley Jet
CAT	Caterpillar
CHRY	Chrysler
CMGS	Cummins
CONT	Continental
COV	Covington
CRUS	Crusader
DETR	Detroit
EVIN	Evinrude
FORC	Force
FORD	Ford
GM	General Motors
GRAY	Gray Marine
HF	Hamilton Ferris

POWER TYPES

AUX	Auxiliary Sailboat
	Inboard
IO	Inboard-Outboard
JET	Jet Drive
SL	Sail
0	Outboard

HOND	.Honda
JOHN	.Johnson
KHDC	.KHD Canada
LYC	.Lycoming
MERC	.Mercury
MRCR	.Mercruiser
NISS	.Nissan
OMC	.OMC
OTHR	.Other
PALM	.Palmer International
SUZK	.Suzuki
USM	.U.S. Marine
VOLV	.Volvo
WEST	.Westerbeke
YAMH	.Yamaha