



REQUEST FOR REPLACEMENT AUXILIARY ID CARD

Member Name: _____ ID Number: _____

Daytime Contact Phone: _____ Email: _____

Reason for replacement ID Card

Lost Auxiliary ID Card

Stolen Auxiliary ID Card

Damaged ID Card (broken, bent, ink fading, etc.)

Once I receive my replacement ID card, I will destroy my old card. _____
Member Initials

Short explanation as to why card needs to be replaced:

Signature of Member

Date

Please sign/date and then fax, email or mail this form to the Director of Auxiliary Office, attention Noreen Folkerts.

**Director of Auxiliary
17th Coast Guard District
P O Box 25517
Juneau, AK 99802-5517**

FAX: 907-463-2820

EMAIL: Noreen.K.Folkerts@uscg.mil