DEPARTMENT OF HOMELAND SECURITY U.S.C.G AUXILIARY ANSC 7003 Rev \$%4 8%6

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

INITIAL (NEW) REPORT
REINSPECTION (REOFFER)
CHANGE

U.S.C.G AUXI ANSC 7003 R		(See	AND OFFER FOR USE FORM (See instructions and Privacy Act Statement on page 3)													
SECTION I - OWNER DATA- Completed by owner																
					ALL DIST NAME MIDDLE INITIAL						ALL	PE OF OWNERSHIP (Check One) OWNERS MUST SIGN SECTION III SOLE				
SECTION II - FACILITY DATA- Completed by owner																
					•			ner					-			
REGISTRATION OR		HULL IC	DENTIFIC	CATION	I NO.	FACILITY'S	NAME							FACILITY NO.		
VESSEL LOCATION						ZIP CODE LATT			TUDE				LONGITUDE			
MANUFACTURER	MO	DEL	YE	AR		TYPE VES	SEL	LENG	GTH	BEAM	DR.	AFT	NO. BUNKS	WATE	R CAP.	
TYPE POWER	NO. ENGINES	HP E	ACH EN	GINE		CURRENTLY					ITY REPLACES ONE RECORDED, ENTER					
CELL PHONE #	DSC	MMSI NU	JMBER						Ni	ght OPS	Trailerable	Пн	ead	Range	Heate	er
MAN ENGINE 1:	IUFACTURER	MOD	EL		YEAR	SERI	AL#		_	EL CONSUMPTION EL CONSUMPTION EL CONSUMPTION EL CONSUMPTION DE LA CONSUMPTIO	ON ECON	OMICAL	L CRUISE		MAXIMU	JM
ENGINE 2:									Ga	llons per Hour						
GENSET:									K.\	W.Capacity		☐ Al	Fa	cility Avai	ilability Week	cends
Compass	Radio Directio	n Finder (RDF Typ	e)	☐ De	epth Finder	Radar	GPS/	DGP:	S Other	(Add details i	n rema	irks below)			
MF/HF SSB Out	tput Ch	annels			VHF-	FM Output _	Ch	annels _		\ \ \ \ \ \ \	HF-AM Outpu	t	_ Channels _		_	
Other Special Equip	oment – Remark	s:														
VALUE -HULL		VALUE -	MACHIN	NERY		VALUE	- ELECTF	RONICS		VALUE -	OTHER EQUI	PMENT	TOTA	AL VALUE	OF VESSE	ĒL
The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and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 determined by the order issuing authority. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all listed equipment will be on board the facility when underway under orders. ☐ I (we) certify all entries in Sections I thru III are correct and current. ☐ I (we) certify all entries in Sections I thru III are correct 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. ☐ VE'S Member ID ☐ VE'S Unit ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐																
INSP DATE VE's Name			VE	's Me	emb	er ID			VF'	s Signature	VE's Uni	t _				_
SECTION V – ACCEPTANCE - Completed by DIRAUX																
This facility is accepted as an operational facility as indicated above.																
<u> </u>			Autho	orized S	Signatu	re				D	ate					

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SEC	TION	VI REQUIREMENTS FOR AN AUXILIARY	Y FAC	CILITY	Y - Completed by USCGAUX VE			
OK N	Α	ITEM	OK	NA	ITEM			
		Certificate of Compliance			36. Auxiliary engine (sailboat only)			
		2. CG Capacity Plate			37. Blanket			
		3. Registration / Documentation			38. Binoculars			
		4. Hull Identification Number (HIN)			39. Boat hook			
		5. Numbering – State or CG Documentation			40. Boarding ladder (or other means of boarding)			
		6. First Aid Kit		<u> </u>	41. Depth sounder, leadline, sounding pole			
		7. Lantern - flashlight		<u> </u>	42. Bilge Pump or other dewatering device			
		8. * Loud hailer/megaphone		<u> </u>	43. Fire extinguishers (mounted, minimum)			
		9. Marine Sanitation Device (MSD)			44. Extra fire extinguisher			
		10.MARPOL Trash Placard			45. * Kicker (skiff) hook			
		11. Pollution Placard			46. Knife (3" blade minimum)			
		12.Navigation lights			47. Personal Flotation Device (PFD) (speed rated if required)			
		13.Search light			48. PFD (2 over legal requirements – speed rated			
		13.3earch light			not required)			
		14.Sound producing device			49. Visual Distress Signals (VDS) Inland			
		15.Bell (See Instructions)			50. Visual Distress Signals (VDS) International			
		16.Ventilation			51. * Portable pump or means of dewatering			
		17.RPM Table (or a means of determining speed)			52. Spare Navigation light bulbs			
		18.Navigation Rules - COMDTINST			53. Stern and bow cleats thru hull w/back plates			
		M.16672.2(series) 19.CG Auxiliary Ensign			54. Tools for emergency repairs			
		20.National Ensign			55. Watch or clock			
		21.Patrol Signboards and Patrol Ensign			56. Comms capability per Operations Policy Manual			
		22.SAR Incident Auxiliary Report (CG-4612) at			57. * Satisfactory radio check on required			
		least 1			frequencies			
		23.Towline and bridle (appropriate size / length)			58. Electrical systems			
		24.Heaving lines plus sufficient mooring lines			59. Fuel system			
		25.* Tide tables (local)			60. Backfire Flame Arrester			
		26.Compass			61. Galley / Heating systems			
	27.Deviation Table				62. Overall vessel condition			
28.* Light List for area (current)					63. State requirements			
		29.Navigation plotting instruments			64. Inspector viewed Reg/Doc papers for			
		20 * C			ownership			
		30.* Search pattern plotting guide			65. Attached Assent & Authorization form for multiple owners			
		31.Charts of operating area			66. Attached authorization for corporate offer for use			
		32.Adequate fenders			67. Attached info requirements for corp. owned facilities			
		33.Alternate propulsion			68. Additional items required by District			
		24 Anchor 9 Anchor Line			Commander			
		34.Anchor & Anchor Line 35. Effextra anchor and anchor line						
050								
					A NON-OWNER - Completed by Owner			
\square W	hen I	am on board as a crewmember I authorize the f						
Name	2		Me	mber I	Number District Division Flotilla			
	lhon I	am not on heard as a growmomher I authorize t	ho fo	lowing	Covergine to energte my facility under orders			
☐ When I am not on board as a crewmember I authorize the following Coxswains to operate my facility under orders. Name Member Number District Division Flotilla								
Name	3		IME	illiber i	Number District Division Flotilla			
		Attach additional she	ets a	s neces	ssary if you have more than two persons who			
	may operate your facility. If permitted in your district, you may designate all							
	operators in your district to operate your facility while you are onboard by							
	Owner's Initials for Section VII entering "ALL" in the name field.							

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PRIVACY ACT STATEMENT

Authority:
Principal Purpose:
Routine use:

Disclosure:

Notice the detailed information requested on this form enables the Coast Guard to select qualified vessels as Coast Guard 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

Make sure your letters and numbers are printed like this:

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

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 on multi-part form)

part of the information will prevent the acceptance of the vessel as a Coast Guard facility,

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., MU185NA, 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 5.

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 5.

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.

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

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INSTRUCTIONS

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-HULL - Enter the fair market value of the hull. If the vessel is new enter the cost price.

VALUE-MACHINERY - Enter the fair market value of the vessel's engine(s), auxiliary generator, and any other machinery installed on the vessel. If they are all new, enter the cost price.

VALUE-ELECTRONICS - Enter the fair market value of all radios, depthfinders, radar, etc. installed on the vessel. If all are new, enter the cost price.

VALUE-OTHER EQUIP - Enter the fair market value of all other equipment installed in the vessel. (example: life raft, boathooks, anchors, etc.) If all are new, enter the cost price.

TOTAL VALUE OF VESSEL - Enter the total fair market value of the vessel and all of its equipment. If the vessel and all of the equipment is new enter the cost price.

(**NOTE**: The sum total of the values of the hull, machinery, electronics, and other equipment cannot exceed the total value listed for the vessel.)

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 as appropriate.

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

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 Auxiliary Operational 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 must be 50MPH rated if vessel can exceed 35MPH. Extra two PFDs do not need to be speed rated

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, division and flotilla of the Coxswain(s) authorized to use your vessel while you are aboard/not aboard. Attach additional sheets as necessary if you have more than two Coxswains who may operate your facility. If permitted in your district, you may designate all operators in your district to operate your facility while you are onboard by entering "ALL" in the name field.

FACILITYTYPES			
AFTCAB	Aft Cabin	INFSP	Inflatable Spec Use
AIRBT	Airboat	JET	Jet Boat
AUX	Auxiliary Sail	JETBASS	Jet Bass Boat
	Aux Sail Cutter	KETCH	
AUXSL	Auxiliary Sail	LNDCFT	Landing Craft
AUXSLCUT	Auxiliary Sail Cutter	MLBFB	MLB Fireboat
AUXSLP	Auxiliary Sloop	MOTRSAIL	Motor Sailer
BASS	Bass Boat	MOTRWB	Motor Whaleboat
BR	Bow Rider	MOTRYT	Motor Yacht
CAT	Catamaran	NTUG	Nordic Tug
	Catamaran Center Console	OFB	Offshore Fish Boat
CC	Cabin Cruiser	OPBOW	Open Bow
	Center Console		Open Dual Console
	Closed Cuddy Walkaround		Open - RHI
	Closed Runabout		Pilot House
	Closed Walkaround	PTN	
	Command Bridge		PWC 2 Seat
CONV			PWC 3 Seat
	Crewboat Closed	RHI	
CRS			Sail/Catamaran
CUDCAB		SEDAN	
DB	Deck Boat		Sedan Bridge
	Double Cabin W/FB	SEOP	Sportfish Open
DORY		SKF	Skiff
	Express Cruiser	SKIBT	
	Express Grader		Tunnelhull Jonboat
FB			Tri Cabin Cruiser
	Fly Bridge Cruiser	TRIHL	
FRMV	Fly Bridge Ordiser	TRIHI DR	Tri Hull Deck Boat
FRS	Fly Bridge Motoryacht	TRLR	
FD			Trawler Motoryacht
HB			Trawlet, Tug
HOVC		TUG	
INF		UTIL	
ENOINE TYPEO			
ENGINETYPES BERK	Berkley Jet	HOND	Honda
CAT	Caterpillar	JOHN	
CHRY			KHD Canada
CMGS		LYC	
CONT		MERC	
COV		MRCR	
CRUS		NISS	
DETR		OMC	
EVIN		OTHR	
FORC			Palmer International
FORD		SUZK	
	General Motors		U.S. Marine
GRAY		VOLV	
	Hamilton Ferris		Westerbeke
	Hamilton i omo	YAMH	
		17 MVII I	ramana

Auxiliary Saliboat
Inboard
Inboard-Outboard
Jet Drive
Sail
Outboard