

See Instructions on page 2!!!

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7059 (06-24)	See Instructions on page 2!!!				1. DATE (M)	
	TRAINING REQUEST  (Information on this form is Privacy Act Protected, 5USC 522(a))  (When filling in items 1. thru 22. NOTE ( M ) MANDATORY or ( Q ) OPTIONAL				2. REQUEST STATUS (Check one)	
					A. (M) INITIAL	C. (M) CORRECTED
					B. RESUB- MISSION (M)	D. CANCEL- LATION (M)
3. NAME (Last, Initials) (M)		4. MEMBER ID NUMBER (M)		5. FLOTILLA (M)		
6. MAILING ADDRESS (M)		7. TELEPHONE NUMBER (M)				
		8. EMAIL ADDRESS (M)				
9. POINT OF CONTACT (FSO-MT name) (M)		10. POINT OF CONTACT TELEPHONE NUMBER (M) AREA CODE    NUMBER    EXT				
11. COURSE TITLE (M)		12. COURSE NAME (M)				
13. COURSE CODE (O)		14. TRAINING SOURCE/LOCATION (M)		15. DATE (M)		
				YEAR	MONTH	
					DAY	
16. STAFF OFFICER POSITIONS HELD (M)		17. MEETS COURSE PREREQUISITES (M) ( e.g. Prior courses ) (Check applicable) box YES       NO       N/A		18. LENGTH OF AUXILIARY SVC (YRS) (M)		
19. SUPPORTING REMARKS AND COURSE DESCRIPTION (Attach course literature; for commercial sources). (O)						
20 FIRST ENDORSEMENT FORWARDED APPROVED DISAPPROVED (Remarks required) REMARKS		A. FLOTILLA	DISTRICT	DIVISION	FLOTILLA	B. DATE
		C. REMARKS				
		D. TITLE Flotilla Commander				E. SIGNATURE
		A. DIST/UNIT/DIRAUX				B. DATE
21. DSO ENDORSEMENT APPROVED DISAPPROVED (Remarks required) DSO OFFICE                      DATE		C. REMARKS				
		D. TITLE				E. SIGNATURE
		E. DIRAUX VETTED:       YES       NO				
		22. DIRAUX PROCESSING COMMENTS				
SIGNATURE _____						
REMARKS _____						

## Auxiliary Applicant Short Term Resident Training Request

Block 1 Enter date request prepared (mm/dd/yy).

Block 2 Check appropriate request status box.

Block 3 Enter Name as Last Name, First and Middle Initial as on your Auxiliary ID card. de) f

Block 4 Enter seven-digit Member ID number, for example 1234567.

Block 5 Enter as three-digit District, two-digit Division, and two-digit Flotilla.

Block 6 Provide mailing address, required for Orfers.

Block 7 Provide primary contact phone number, for notification.

Block 8 Provide primary contact email address, for notification.

Block 9 Enter name of staff office position of individual to contact for follow up. Typically, this is the FSO-MT.

Block 10 Enter primary telephone number (including area code) for point of contact listed in Block 9.

Block 11 Scroll down to select course title, for example (AUX-10).

Block 12 Scroll down to select course name, for example Info Sys (AUXDATA/AUXINFO).

Block 13 Provide course code listed on the national Training website, for example 501548.

Block 14 Enter location where training is desired.

Block 15 List date of course.

Block 16 List all current staff officer positions held.

Block 17 Complete as indicated.

Block 18 Length of Auxiliary service (# of years).de) f

Block 19 This block should be used to provide any pertinent information affecting the training request, for example, if early notification (greater than 4 to 6 weeks before convening) is essential, provide reason. Indicate any physical disabilities that may require special equipment or special dietary considerations. Due to command policy at military bases there are no cohabitation berthing facilities. Indicate gender (male/female) for berthing purposes at training centers.

Block 20 When endorsing the request, the Flotilla Commander should understand the applicant's objectives in taking the course. Upon endorsement, forward applicable forms to the respective DSO per National or District Policy (DSO-IS endorsement is required for AUX-10; DSO-AV endorsement is required for aviation C-schools).

Block 21 For DSO use. The DSO may delegate the endorsement to an ADSO. When endorsing the request, the DSO (or ADSO as delegated) should take into consideration factors such as length of service and course prerequisites, as well as benefit to the Auxiliary, District, or Unit, as well as the individual, that would be gained from the training. Following endorsement, forward the form to DIRAUX per District policy.

- Notes:**
- Should you have any questions on course acceptance, contact the course point of contact (POC) for more information (located on the national Training website calendar).
  - If you have confirmed course acceptance with the POC, but have not received orders within two weeks of course convening, contact the DIRAUX office for status.

### PRIVACY ACT STATEMENT

**Authority:** 14 U.S.C. § 39; 14 U.S.C. § 504, Commandant; general powers; and 14 U.S.C. § 505

**Purpose:** To collect information regarding an Auxiliarists desired training course.

**Routine Uses:** This information will enable Auxiliarists to communicate their training preferences and provide an avenue for District Director of Auxiliary staff to review and approve the request. Information may be disclosed externally as a "routine use" pursuant to DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011) and DHS/USCG-024 Auxiliary Database, 79 Federal Register 23001 (April 25, 2014).

**Disclosure:** Furnishing this information is voluntary.