

****PHOTO WITH RED BACKGROUND****
AUXILIARY ID CARD FORM



ALL INFORMATION IS REQUIRED TO YOUR CREATE CARD
Please insert all information beside each line:



1) Status: _____
(Active / Retired / Honorary / Commodore)

2) Name: _____
(First, Middle Initial, Last)

3) Employee ID: _____
(Member Number-7 Digit)

4) Qualifications: _____
(Basically Qualified or AUXOP)

5) Date of Birth: _____
(Year / Month / Day)

6) Weight: _____
(Pounds)

7) Height: _____
(Inches)

8) Hair Color: _____

9) Eye Color: _____

10) Blood Type: _____

Flotilla#: _____ Email: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Save to your Desktop / Send Completed Copy to: Janet.K.Chatman@uscg.mil