

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7009 (02-19)	<b>UNITED STATES COAST GUARD AUXILIARY</b> <b>AUXPAD FACILITY</b> <b>OFFER FOR USE</b>	<input type="checkbox"/> Initial (new) inspection <input type="checkbox"/> Re-inspection (reoffer) <input type="checkbox"/> Change
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**SECTION I – OWNER DATA – Completed by owner**

OWNER MEMBER ID	OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> Sole <input type="checkbox"/> AUX Unit <input type="checkbox"/> Multiple <input type="checkbox"/> GOV'T <input type="checkbox"/> Corporate
CO-OWNER MEMBER ID	CO-OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL	

**SECTION II – FACILITY DATA – Completed by owner**

MAKE AND MODEL		REGISTRATION NUMBER (if any)	HULL IDENTIFICATION NUMBER (if any)	
COLOR	LENGTH	BEAM	HULL TYPE	CONSTRUCTION MATERIAL
VALUE	MMSI # (if equipped w/DSC radio and/or PLB)			
PADDLECRRAFT VESSEL SAFETY CHECK PASSED <input type="checkbox"/> Passed		7012A ATTACHED <input type="checkbox"/> Attached		OTHER

**SECTION III – REQUIREMENTS FOR AUXPAD FACILITY - Completed by USCGAUX VE per Instructions**

OK	NA	Item <span style="float:right;"><i>(R) indicates required equipment, (O) indicates optional/mission specific equipment</i></span>
		1 Approved PFD equipped as required (See Instructions) (R)
		2 Deck lines on kayak (R)
		3 VHF-Radio equipped as required (See Instructions) (R) MMSI if DSC:
		4 Waterproof flashlight, headlamp, or white all-around light (R)
		5 Spare Paddle (R)
		6 First Aid Kit (R)
		7 Compass, hand-held or mounted (R)
		8 Manual dewatering pump (R*) *NA for sit-on-top (SOT) kayaks
		9 Towline equipped with a "quick release" device (30-50ft in length) (R)
		10 Drinking Water (See Instructions) (R)
		11 Completed paddle craft "If Found" sticker affixed to the vessel (inside on starboard side) (R)
		12 Small notebook/logbook (or any means of taking notes) (R)
		13 Pen or pencil (R)
		14 Auxiliary Facility Decal (R)
		15 Handheld GPS (O) (may substitute a mobile phone with mapping/charting capabilities and GPS)
		16 Electronic or Paper Chart of the local area (O) (mobile phone with mapping/charting is acceptable)
		17 Personnel Locator Beacon (PLB) (O) (may use personally procured or CG issued PLB)
		18 Mobile phone in waterproof container (O)

**SECTION IV – OPERATION OF AUXPAD FACILITY BY A NON-OWNER – Completed by Owner**

I choose not to have anyone operate my vessel other than myself.

I authorize the following AUXPAD Operators to operate my AUXPAD Facility under orders.

NAME	MEMBER ID	UNIT (DIVISION DISTRICT FLOTILLA)
NAME	MEMBER ID	UNIT (DIVISION DISTRICT FLOTILLA)

Attach additional sheets as necessary if you have more than two persons who may operate your AUXPAD facility

OWNER'S INITIALS FOR SECTION VII

**SECTION V – OWNER STATEMENTS, UNIT AND SIGNATURE – Completed by Owner**

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 of this 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.

DISTRICT	DIVISION	FLOTILLA
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SIGNATURE OF OWNER	DATE	SIGNATURE OF CO-OWNER	DATE
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**SECTION VI – USCGAUX VE’s ENDORSEMENT – Completed by USCGAUX VE**

I have inspected the vessel above as an AXPAD Afloat facility and find that it is suitable and certify that it meets all requirements as such.

INSPECTION DATE	VE MEMBER ID	VE NAME	VE UNIT
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VE SIGNATURE

**SECTION VII – ACCEPTANCE – Completed by DIRAUX**

This facility is accepted as an AXPAD Afloat Facility.

AUTHORIZED SIGNATURE	DATE
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**PRIVACY ACT STATEMENT**

1. Authority: 14 USC 826 and 827
2. Principal Purpose: To provide a means of selection and acceptance of vessels as U.S. Coast Guard AXPAD facilities.
3. Routine use: Retained by Directors of Auxiliary and cognizant USCG Sector commanders as a record of which vessels have been accepted by the director as U.S. Coast Guard AXPAD facilities.
4. Disclosure: Voluntary, however, the detailed information requested on this form enables the Coast Guard to select qualified vessels as Coast Guard AXPAD facilities. Failure by the member to provide all or part of the information will prevent the acceptance of the vessel as a Coast Guard AXPAD facility.

**AXPAD FACILITY INSPECTION AND OFFER FOR USE FORM**

This form is used to report an AXPAD facility inspection and offer for use as well as to report changes in the status of an AXPAD 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 - Paddlecraft 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 Auxiliariast 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 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**

**MAKE AND MODEL** - Enter the name of the manufacturer and the model number or the model name of the vessel.

**REGISTRATION NUMBER** - Enter the facility's state registration number without hyphens or spacing (i.e., MU185NA, CZ1625BA) if registered.

**HULL IDENTIFICATION NO.** - Enter the manufacturer's hull identification number as listed on state registration and permanently imprinted on the vessel if such number exists. NOTE: Some paddle craft do not have a HIN. If none, enter N/A.

**COLOR** – State the color of the vessel

**LENGTH** - State the length of the hull in feet and inches.

**BEAM** - State beam of vessel in feet and inches.

**HULL TYPE** – State the hull type of vessel, such as Sit-Inside Kayak, Sit-On-Top Kayak, Deep V Chine, Multi Chine, Flat Bottom, Tunnel Hull, etc.

**CONSTRUCTION MATERIAL** – State the type of material from which the hull is constructed, i.e., plastic, wood, fiberglass, etc.

**VALUE** – State the total fair market value of the vessel as equipped.

**MMSI** – State the Maritime Mobile Service Identity number of the DSC radio and/or PLB, if so equipped.

Check appropriate box to confirm that a 7012A Paddle Craft VSC has been conducted and that the subject vessel passed. Check appropriate box to confirm the subject 7012A is attached.

**OTHER** – State any other relevant information.

### **SECTION III – REQUIREMENTS FOR AUXPAD FACILITY**

Check the appropriate boxes. See notes regarding the following items.

1 - A kayak appropriate wearable USCG approved personal flotation device (PFD). The PFD must be equipped with a USCG/SOLAS approved PFD light and a whistle. A signal mirror and a knife (3" blade minimum, folding preferred) may be carries as optional items. PFDs must be red, orange, or yellow in color. PFDs may have "USCG Auxiliary" markings on the back of the PFD at the member's discretion.

2 - Deck lines on kayak – these are perimeter lines for self rescue, not to be confused with tie down lines or dock lines. Mark N/A if kayak is not manufactured with deck lines attached.

3 - One working, waterproof, floatable VHF-FM marine radio or portable VHF radio in a clear plastic waterproof bag with flotation. Digital Selective Calling (DSC) equipped radios must be registered and have a valid Maritime Mobile Service Identity (MMSI) number.

10 - Drinking Water must be accessible while underway.

14 - Facility decal required for re-inspection only. Decal will be provided by DIRAUX after initial (new) inspections/offer for use.

16 - Electronic or paper chart of local area. If a paper chart is used, it must be enclosed in a waterproof bag designed for the marine environment, or be printed on waterproof paper.

**SECTION III – REQUIREMENTS FOR AUXPAD FACILITY (Continued)**

18 - Mobile phone in waterproof container with flotation. Carriage of a cell phone is not required, but is recommended as a secondary means of communications. Carriage of a cell phone may be required by the OIA, depending on local radio and cell phone coverage circumstances.

**SECTION IV – OPERATION OF AUXPAD FACILITY BY A NON-OWNER**

Check the applicable box and fill in the member name, member number, division and flotilla of the person(s) authorized to use your vessel. Attach an extra sheet to add to the list of names if necessary. Attach additional sheets as necessary if you have more than two persons who may operate your facility. Owner(s) must initial in the space provided.

**SECTION V - 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.

**SECTION VI - USCGAUX VE's ENDORSEMENT**

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 VSC.

**SECTION VII - ACCEPTANCE**

Make sure required documents are attached before signing.

Sign and date the form.

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