

ACV Usage Request: Required 3 Weeks Advanced Notice

Notes and Instructions:

- (1) As stated in your PQS Training, the ACV scheduling is subject to prioritization. In the event of an emergency such as a disaster or emergency roll-out request from the USCG, this type of unplanned request will always take top priority and may result in the cancellation of your request.
- (2) ACV is based at Coast Guard Island, Alameda, CA aka CGI. It is parked in the parking lot adjacent to the Base Security Office. Carefully note there are Assigned/Reserved parking spots in this parking lot so please **DO NOT** park your POV in one of these Assigned/Reserved “numbered” spots.
- (3) When not on CGI, the ACV must be parked in a secure location; safe from vandalism and any possible collision with traffic flow in area.
- (4) The Flotilla/Division of the Requestor shall be responsible for damages/losses incurred that are not covered by the insurance.
- (5) Mission Orders will not be issued for the usage of the ACV. Reimbursement for fuel usage shall be provided by the Flotilla or Division of the Requestor. A deposit in the form of a check will need to be received prior to or at time of vehicle pick up. The amount of the Deposit will be pre-calculated by DIRAUX (example \$.40 per mile driven). **(Do not leave check with Security Office)**
- (6) ACV Driver QE and ACV Operations PQS Completion Paperwork must be on file at DIRAUX and date provided.
- (7) Although there is insurance on vehicle, **all drivers must provide and attach a copy of:** “A valid Driver License” **and** “Proof of Insurance” to this Request form.
- (8) Complete all items in this form. Send as email attachment to DIRAUX at D11auxnorthern@uscg.mil. Incomplete form will delay your request.

Complete and submit 3 weeks prior to date requesting:

1. Today's Date: _____
2. **Requester's** Name & Member #: _____
 - a) Phone #: _____ Email: _____

3. Name & Member # of person(s) ***Driving*** ACV:

a. ***Driver #1:***

Name & Member #: _____

Phone #: _____ Driver QE Date: _____

Driver's License (State & #): _____ Driver's License

Expiration Date: _____

b. ***Driver #2:***

Name & Member #: _____

Phone #: _____ Driver QE Date: _____

Driver's License (State & #): _____ Driver's License

Expiration Date: _____

4. Names & Member #'s of Driver & Passenger ***picking up*** ACV:

Name _____

Phone #: _____ Desired Date of Pick up: _____

Name _____

Phone #: _____ Desired Date of Pick up: _____

5. Names & Member #'s of Driver & Passenger ***returning*** ACV:

Name _____

Phone #: _____ Desired Date of Pick up: _____

Name _____

Phone #: _____ Desired Date of Pick up: _____

6. Name & Member # of the individuals who will be **Operating ACV** and the Date of their completed ACV Operations PQS:

(1) Name & # _____ Date of PQS: _____

(2) Name & # _____ Date of PQS: _____

(3) Name & # _____ Date of PQS: _____

(4) Name & # _____ Date of PQS: _____

7. **Event Category:** PA Radio/Telecommunications Incident Command Post

8. **Event Type:** ICS USCG/AUX Mission OPEX OPTREX

Delta Blitz Fleet Week NSBW Event Marina Event

Boat Show Parade School Military Event

Other (Specify): _____

9. **Event Name:** _____

10. **Event Location:**

11. **Event Date(s):** _____

12. **Estimated Audience Size:** _____ people

13. **“Secure” location of where the ACV will be parked PRIOR to event if not picked up from CGI the day of event:**

14. **“Secure” location of where the ACV will be parked AFTER the event if not returned to CGI the day of event:**

15. **Approximate “round-trip” mileage expected:** _____

16. **FC Name:** _____ **FC Signature:** _____

17. **DCDR Name:** _____ **DCDR Signature:** _____

List Attached Documents (i.e. Driver's License, Proof of Auto Insurance, PQS, QE

Certificate/Letter) **here:**

State additional information (Security, Public Announcements, etc.) here: