



**AUXILIARY MONITORING STATION PROGRAM AUXMON
STATION APPLICATION OR NOTICE OF CHANGE**

SECTION 1 - MEMBER AND LOCATION					1. CHECK ONLY ONE <input type="checkbox"/> Initial Application <input type="checkbox"/> Change to Approved Station								
2. APPLICANT'S MEMBER ID		3. APPLICANT'S LAST NAME, FIRST NAME, MIDDLE INITIAL			4. APPLICANT'S EMAIL ADDRESS								
5. FACILITY IDENTIFICATION		6. USCG AUX HF CALL SIGN	7. LAST FAC. INSP. DATE	8. ARE YOU <input type="checkbox"/> TCO OR <input type="checkbox"/> AUXCOM (prior to 01SEP2008)	9. QUALIFICATION DATE	10. AMATEUR CALL SIGN	11. AMATEUR LICENSE CLASS						
12. APPLICANT'S STREET ADDRESS, CITY, STATE, ZIP CODE							13. HOME TELEPHONE NUMBER						
14. NAME AND ADDRESS WHERE FIXED STATION IS LOCATED <input type="checkbox"/> SAME AS ABOVE							15. CELLULAR TELEPHONE NUMBER						
FACILITY AVAILABILITY - check all that apply			16. <input type="checkbox"/> All Days and Times <input type="checkbox"/> Week Days <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends <input type="checkbox"/> Emergency Call-outs										
ENTER LATITUDE, LONGITUDE, AND ELEVATION FOR INFORMATION IN BOX 12, REGARDLESS OF BEING A LAND, MOBILE, VESSEL, OR TRANSPORTABLE STATION.				17. STATION LATITUDE		18. STATION LONGITUDE	19. STATION ELEVATION MSL (IN FEET)						
BRIEF DESCRIPTION OF APPLICANT'S TRAINING AND EXPERIENCE		20.											
SECTION 2 - EQUIPMENT													
HF TRANSCEIVER 1	21. MANUFACTURER		22. MODEL		23. CHECK ONLY ONE <input type="checkbox"/> LAND <input type="checkbox"/> MOBILE <input type="checkbox"/> VESSEL <input type="checkbox"/> TRANSPORTABLE		24. RF OUTPUT						
HF RECEIVER 1	25. MANUFACTURER		26. MODEL		27. CHECK ONLY ONE <input type="checkbox"/> LAND <input type="checkbox"/> MOBILE <input type="checkbox"/> VESSEL <input type="checkbox"/> TRANSPORTABLE								
ANTENNA INFORMATION - FIXED LAND AND TRANSPORTABLE ONLY													
HF ANTENNA 1	28. MANUFACTURER OR HOME MADE	29. MODEL OR GENERIC TYPE		30. GAIN (dBd)	31. FREQ RANGE (MHz)	32. HEIGHT ABOVE GROUND (FEET)							
HF ANTENNA 2	33. MANUFACTURER OR HOME MADE	34. MODEL OR GENERIC TYPE		35. GAIN (dBd)	36. FREQ RANGE (MHz)	37. HEIGHT ABOVE GROUND (FEET)							
ADDITIONAL FREQUENCY AND/OR ANTENNA INFORMATION	38.												
EMERGENCY POWER AVAILABLE		39. CHECK ONLY ONE: <input type="checkbox"/> NONE <input type="checkbox"/> MANUAL-START GENERATOR <input type="checkbox"/> AUTO-START GENERATOR <input type="checkbox"/> SOLAR/BATTERY											
SECTION 3 - OWNER STATEMENT, UNIT, AND SIGNATURE													
40. This Facility is offered for use as an AUXMON station and, if accepted, will be operated in accordance with Coast Guard and Coast Guard Auxiliary policies and instructions. I certify that all of the information contained on this form is correct, and I agree to notify the RTS of any changes.							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">District</td> <td style="width:33%;">Division</td> <td style="width:33%;">Flotilla</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </table>	District	Division	Flotilla	—	—	—
District	Division	Flotilla											
—	—	—											
SIGNATURE OF OWNER _____				DATE SIGNED _____									
SEND THIS COMPLETED FORM TO RTS.													

FOR RTS USE ONLY	
THIS USCG AUXILIARY FACILITY IS ACCEPTED FOR USE AS OF _____ (date).	
BY _____ (printed name) _____ (signature)	
TITLE _____	



**AUXILIARY MONITORING STATION PROGRAM
AUXMON STATION APPLICATION OR NOTICE OF CHANGE**

INSTRUCTIONS:

SECTION 1 – MEMBER AND LOCATION

1. Indicate if this is an initial application or a change to an approved station.
2. Enter your Auxiliary member number.
3. Enter your last name, first name, and middle initial.
4. Enter your email address.
5. Enter the Facility Number (not the call sign) assigned to your Radio Facility.
6. Enter the call sign assigned to your HF Radio Facility.
7. Enter the last inspection date for your HF Radio Facility (ddmmmyyyy).
8. Check if you are AUXCOM or TCO qualified.
9. Enter your AUXCOM or TCO qualification date (ddmmmyyyy).
10. If you are a licensed Amateur Radio Operator, enter your call sign. If not, leave blank.
11. If you are a licensed Amateur Radio Operator, enter your license class.
12. Enter your home address.
13. Enter your home telephone number.
14. Enter the address where your Land HF Station is installed. Check the box if this address is the same as box 12. Leave blank if you have no Land HF Station (if your station is Mobile, Vessel, or Transportable).
15. Enter your cellular telephone number.
16. Check the box(es) to indicate when you are available for AUXMON monitoring.
- 17 through 19. Regardless of your station being Fixed, Mobile, Vessel, or Transportable, enter the latitude, longitude, and ground elevation that corresponds to your address shown in box 12. If you have a Fixed station operating from a different address, enter the information that corresponds to box 14.
20. Provide any information about your training and experience that you believe we should know.

SECTION 2 – EQUIPMENT

- 21 through 24. Enter the manufacturer and model number of your transceiver. Check only one box to indicate this is a Fixed Land, Mobile, Vessel, or Transportable station. Enter this radio's RF output power.
- 25 through 27. Enter the manufacturer and model number if you have a receiver. Check only one box to indicate this is a Fixed Land, Mobile, Vessel, or Transportable station.
- 28 through 32. Enter the manufacturer and model number of your antenna. Enter gain, frequency range, and height above ground level.
- 33 through 37. Enter the information if you have a second antenna.
38. Provide any additional information about your radio equipment's frequency capabilities and/or your antenna(s). Indicate if you have NAVTEC, SITOP, or WEFAX capability.
39. Check only one box to indicate your emergency electrical power generating capabilities.

SECTION 3 – OWNER STATEMENT, UNIT, AND SIGNATURE

40. Sign and date, and enter your District, Division, and Flotilla number (### - ## - ##).

Email the completed form to RTS.