Div5(5NR)- OPS 1 PATROL REQUEST (Rev. 03/2004)

Patrol Date (MM/DD/YYY)-	**Requested Start Time** (HHMM)- **Requested End Time** (HHMM)- *(Must be no less than 4 hours or greater that 8 hours in duration.)*

Section 1 - Facility Data *(Required)*

Facility Owner Name -
Facility Owner Mbr Nbr-

Facility Name -
6-digit Radio Call Sign -
Facility ID Number *(Registration or Document number)* **-**

Length -
Beam -
Draft -
Trailered

List Fire Fighting/Dewatering Equipment

Section 2 - Coxswain Data

"Non owner" form must be on file at DIRAUX if coxswain is different than the owner!!!
Coxswain Name -
Coxswain Mbr Nbr -
Coxswain Name and Mbr. Nbr require if different than Facility owner data
Coxswain's Address -

Home Phone -
Business Phone -
Coxswain's Email address -

Check either Reimbursable or Non-Reimbursable
Reimbursable **Non-Reimbursable**
Reimburse coxswain *(Default is the Fac. owner if not checked)* **-**

I and the below designated crew are qualified in accordance with existing policy to perform the requested patrols.

Signature of Coxswain -

Section 3 - Patrol Data *(Required)*

Susquahanna River

AOR - *(Check one)*	Lake Frederick		Harrisburg Pool	Millersburg Pool
Patrol Type *(Check one)* -	Safety	Regatta	PE On-the-water Training	Member Training
	Ops Training	SAR Callout	ELT Support	Marine Env. Prot.
	ATON-Private	PWC Patrol	Marine Safety	

Crew/Trainee Name	Mbr. Number or Nonmbr. SSN	*(if trainee, M = Member & PE=non-member)*	Misc. Notes -