

1. **GENERAL** - Everyone requesting membership in the U.S. Coast Guard Auxiliary must complete this form.
 - a. Read all instructions carefully.
 - b. This form is used to supply new member personal information for entry into the Auxiliary database.
 - c. Data from this form is reported in detail (with the exceptions of Date of Birth, Social Security Administration Number, and ID card information) on the Flotilla Roster, Member Summary and Status Report among others.
 - d. The use of black versus blue ink is not a SECCEN requirement. **DESPITE THE INSTRUCTIONS TO USE BLACK INK ON THE SF85 FORM AND THE FD-258 FINGERPRINT CARDS, THE OFFICE OF PERSONNEL MANAGEMENT AUTHORIZES THE USE OF BLUE OR BLACK INK FOR COMPLETING THE WRITTEN PORTION OF ALL OF THESE FORMS.**

2. **FLOTILLA NUMBER** - Completed by Flotilla Commander (FC) or Flotilla Personnel Services (FSO-PS) officer.
 - a. Enter the District, Division and Flotilla number of the unit submitting this application in the area in the upper right corner next to the form name.

3. **SECTION I - PERSONAL DATA OF APPLICANT** - To be completed by applicant.
 - a. LAST NAME, FIRST NAME, MIDDLE NAME and SUFFIX - Enter full legal name.
 - b. SOCIAL SECURITY ADMINISTRATION NUMBER-Enter SSAN (See 1c above).
 - c. DATE OF BIRTH-Enter DOB using MM/DD/YY numeric format, 06/18/54 (See 1c above) . Membership eligibility begins at 17 years of age.
 - d. GENDER- Check one of the gender boxes.
 - e. SPOUSE NAME-Use spouse's given name - no nicknames.
 - f. MAILING ADDRESS-Enter current mailing address.
 - g. CITY-Enter name of city where address is located. If residence is outside the United States, also enter country.
 - h. STATE-Use the official two-letter postal code. Leave blank if outside the United States.
 - i. ZIP+4-Enter the full 9 digit ZIP code. Leave blank if outside the United States.
 - j. EMAIL 1 - Enter primary email address if available.
 - k. EMAIL 2 - Enter secondary email address if available.
 - l. HOME/BUSINESS/CELL/FAX/BOAT/PAGER - Enter area code and telephone number(s) or N/A as applicable.
 - m. ID CARD INFORMATION - Enter your height in inches, weight, hair color, eye color and blood type (if known). (See 1c above).
 - n. ETHNICITY (Optional) - Check box which describes your ethnic group.
 - o. RECRUITER - Enter the name of the person you feel is responsible for your recruitment.

4. **SECTION II - PATRIOT READINESS INPUT** - To be completed by applicant.
 - a. Check appropriate boxes indicating your willingness to travel and perform administrative missions.
 - b. Select days/evenings that you may have available.
 - c. From the two digit codes below, enter up to five skills that you have acquired and possess.

TWO-DIGIT OCCUPATIONAL DIVISIONS					
16	Administrative Specialization	46	Hunting Trapping & Related	91	Other Transportation
34	Amusement & Recreational Service	23	Info & Message Distribution	92	Packaging & Materials Handling
96	Amusement, Recreation, Movie, Radio, TV	11	Law & Jurisprudence	84	Paint, Plaster, Waterproof, Cement Related
41	Animal Farming	04	Life Sciences	74	Painting, Decorating
36	Apparel & Furnishings Service	32	Lodging & Rel Service	64	Paperworking
01	Architect, Engineer, Surveyor	63	Machinery Repairers	40	Plant Farming
14	Art	67	Machining Stone, Clay, Glass & Rel Prod	65	Printing
72	Assembly, Repair Electrical Equipment	18	Managers & Officials	55	Processing Chemicals & Related Prod
33	Barbering Cosmetology & Rel Service	02	Math & Physical Science	52	Processing Food Tobacco & Rel Prod
38	Building & Rel Service	62	Mechanics	54	Processing Fuel & Related Products
21	Cler & Sales Computing & Accounts	07	Medicine & Health	58	Processing Leather Textiles & Rel Prod
03	Computer Related	60	Metal Machining	59	Processing Other
30	Domestic Service	50	Metal Processing	53	Processing Paper & Related Products
09	Education	61	Metal Working - Other	57	Processing Stone, Glass, Clay & Rel Prod
82	Electrical Assembly Install & Repair	93	Mineral Extraction	56	Processing Wood & Wood Products
15	Entertainment & Recreation	42	Misc Agricultural	22	Prod And Stock Clerks
85	Excavating, Grading, Paving Related	24	Misc Clerical	37	Protective Service
70	Fabricating - Assembly, Repair Metal Products	35	Misc Personal Service	12	Religion & Theology
73	Fabricating/Repair Assorted Material Products	19	Misc Prof & Tech Mgrs	9998	Retired
75	Fabricating/Repair-Synthetics & Rel Prod	29	Misc Sales	26	Sales - Consumable Commodities
77	Fabricating/Repair-Sand, Stone, Clay, Glass Prod	90	Motor Freight	27	Sales - Other Commodities
71	Fabricating/Repair Sci, Med, Photo, Opt Rel Prod	10	Museum, Library, Archival Sciences	25	Sales - Services
78	Fabricating/Repair Textile, Leather Rel Prod	51	Ore Refining & Foundry	05	Social Sciences
76	Fabrication Repair Wood Products	79	Other Benchwork	20	Steno, Typing, Filing And Reltd
44	Fishery	86	Other Construction	68	Textiles
31	Food/Beverage Prep & Service	69	Other Machine Trades	95	Utility Production Or Distribution
45	Forestry	9999	Other Or Undefined	81	Welders, Cutter & Related Structural
97	Graphic Artwork	89	Other Structural	66	Wood Machining
		80	Other Structural Metal Fabricating		

3 Writing

- 5. SECTION III - EMERGENCY CONTACT INFORMATION** (Someone not living with you) - To be completed by applicant.
- Enter name, emergency contact's relationship, address and phone numbers with area codes.
- 6. SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS** - To be completed by the FC or FSO-PS. (See 6.f below).
- APPLICATION TYPE - Check whether applicant is a new member or reenrolling. If reenrolling provide previous member ID number. If applicant is or was Active Duty CG, CG Reserve or a civilian employee of the CG, please include Employee ID Number.
 - NEW MEMBER EXAM - Enter date and score.
 - PRIVACY ACT STATEMENT - Check box after applicant reads.
 - BOATING SAFETY COURSE CERTIFICATE - Check yes or no. Note: Only certificates listed in the Auxiliary Manual are acceptable. If the applicant successfully challenges one of our tests, indicate "Yes" even though no certificate is issued.
 - REQUIRED ATTACHMENTS - Ensure that all of the listed items are included with the application package.
 - FLOTILLA COMMANDER SIGNATURE - The Flotilla Commander must sign and date application. *The FSO-PS may NOT sign.*
- 7. SECTION V - APPLICANT'S INTERVIEW RECORD** - To be completed by the interviewer.
- GENERAL - This form is used as a check off sheet to make certain the applicant has been informed of the membership opportunities and obligations in the U.S. Coast Guard Auxiliary.
 - Interviewer prints name, signs and dates.
- 8. SECTION VI - PARENT/GUARDIAN STATEMENT** - To be completed by applicant's parent or guardian.
- Applicants who are 17 must have at least one parent or guardian complete this section. Sign and date using blue or black ink.
- 9. SECTION VII - APPLICANT STATEMENT AND SIGNATURE** - To be completed by the applicant.
- Felony/misdemeanor convictions - check appropriate answer to conviction statement. Review application and data to ensure accuracy, then sign using full name and date using either blue or black ink.
- 10. SECTION VIII - DIRAUX ENDORSEMENT** - To be completed by the Director of Auxiliary.
Enter new member number, date of enrollment and base enrollment date (MM/DD/YY). Sign and date.
- 11. SECTION IX - USCG AUXILIARY/SECEN VERIFICATION OF U.S. CITIZENSHIP** -
- Section A to be completed by applicant.
- Attest to U.S. citizenship by birth in U.S. or not born in the U.S.
- Section B to be completed by AUTHORIZED AUXILIARY OFFICER / REPRESENTATIVE.
- NOTE: Whatever document is provided for proof of citizenship must be photocopied and attached to this application.
- Authorized Auxiliary Officer / Representative fills out and signs this section after viewing original document.
- 12. SECTION X - PRIOR/CURRENT CLEARANCES** (Must be within past 10 years) - To be completed by the applicant.
- Enter any prior/current clearances, if any, and attach the source document.
- 13. NOTES** - Enter any pertinent notes.

14. OFI FORM 86C - SPECIAL AGREEMENT CHECK - To be completed by applicant.

American citizens need to fill out 1 through 6 and 13.a & 13.b.

Naturalized citizens need to fill out 1 through 6 and 13.a., 13.b & 13.c

Dual citizens need to fill out 1 through 6 and 13.a., 13.b., 13.c & 13.d Note: If they are not "citizens", either by birth or naturalized, they cannot be Auxiliaries. **Make SURE you place an entry in each field; insert "N/A" if not applicable.**

1. Your full name must be given. If you are a "Jr.", "Sr.", "III", etc., enter the abbreviation in the space for suffix after the middle name. If you have initials only, enter each initial in the appropriate box and show (IO). If you have no middle name, enter "NMN".

2. Provide the month, day, year of your birth. Example: Enter June 7, 1942 as: "06/07/42".

3. Your place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in United States. Using the coding shown below, provide the abbreviation for the State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.

CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

4. Provide your Social Security Number.

5. To the extent information is available, list all other names you were known by or are now using. If you are female, and are or have been married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".

6. Check the appropriate box to specify sex as MALE or FEMALE.

13. a. Check appropriate box (note: U.S. citizenship is a requirement for membership; the box indicating "Not a citizen" cannot be checked.) **NOTE:** If you check the first box, complete items b and d. If you check the second box, complete items b, c, and d.

b. Enter first, middle, and last names of your mother and father. Enter your mother's full maiden name.

c. Enter information about one or more proofs of citizenship - *only if the second box in a. was checked.*

d. If you have dual citizenship, enter country other than U.S. here.

15. STANDARD FORM 85 - AUTHORIZATION FOR RELEASE OF INFORMATION - To be completed by applicant.

Enter your full name and other names used, if any, your Social Security Number, and your current address, including your home telephone number with area code. Sign and date.