

DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY ANSC 7003 (Rev 06-11)	VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM (See instructions and Privacy Act Statement on page 3)	INITIAL (NEW) REPORT REINSPECTION (REOFFER) CHANGE
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SECTION I OWNER DATA - Completed by owner

OWNER'S MEMBER ID NUMBER	OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE OF OWNERSHIP (Check one) All owners must sign Section III SOLE AUX UNIT GOV'T MULTIPLE CORPORATE
CO-OWNER'S MEMBER ID NUMBER	CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL	

SECTION II FACILITY DATA - Completed by owner

REGISTRATION OR DOC. NO.	HULL IDENTIFICATION NO.	FACILITY'S NAME				FACILITY NO.					
VESSEL LOCATION				ZIP CODE	LATITUDE			LONGITUDE			
MANUFACTURER	MODEL	YEAR	TYPE VESSEL	LENGTH	BEAM	DRAFT	NO. BUNKS	WATER CAP.			
TYPE POWER	NO. ENGINES	HP EACH ENG	TYPE FUEL	FUEL CAPACITY	IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE →						
CELL PHONE #		DSC MMSI NUMBER				Night OPS	Trailerable	Head	Range	Heater	
MANUFACTURER		MODEL	YEAR	SERIAL #	FUEL CONSUMPTION	ECONOMICAL	CRUISE	MAXIMUM			
ENGINE 1:					Speed in Knots						
ENGINE 2:					Gallons per Hour						
GENSET:					K.W. Capacity	FACILITY AVAILABILITY		All Weeknights Weekends			
Compass		Radio Direction Finder (RDF Type _____)		Depth Finder	Radar	GPS/DGPS	OTHER (Add details in remarks)				
MF/HF SSB Output: _____		Channels: _____		VHF-FM Output: _____		Channels: _____		VHF-AM Output: _____			Channels: _____
OTHER SPECIAL EQUIPMENT - REMARKS:											
VALUE - HULL			VALUE - MACHINERY			VALUE - ELECTRONICS			VALUE - OTHER EQUIPMENT		TOTAL VALUE OF VESSEL

SECTION III 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The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and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

Signature of Owner _____
Date _____
Signature of Co - Owner _____
Date _____

I understand that trailered Auxiliary facilities (tow vehicle and trailer) must comply with state vehicular laws and the manufacturer's recommendations for vehicle hitch and trailer assembly in regards to the tongue and gross weight of the trailer load. (All facility owners must initial)

Owner(s) Initials _____

SECTION IV USCGAUX VE's ENDORSEMENT - Completed by USCGAUX VE

I have inspected the vessel above as an operational facility and certify that it meets all requirements as such. It was inspected for use on Sole State Waters Inland Navigable Waters Coastal/Offshore Waters All Waters.

INSP DATE _____ VE's Member ID _____ VE's Unit _____

District	Division	Flotilla

VE's Name _____
VE's Signature _____

SECTION V ACCEPTANCE - Completed by DIRAUX

This facility is accepted at the inspection level indicated above.

Authorized Signature _____
Date _____

SECTION VI REQUIREMENTS FOR AN AUXILIARY FACILITY - Completed by USCGAUX VE

OK	N/A	Item	OK	N/A	Item
		1. Certificate of Compliance			36. Auxiliary engine (sailboat only)
		2. CG Capacity Plate			37. Blanket
		3. Registration / Documentation			38. Binoculars
		4. Hull Identification Number (HIN)			39. Boat hook
		5. Numbering - State or CG Documentation			40. Boarding ladder (or other means of boarding)
		6. First Aid Kit			41. Depth sounder, leadline, sounding pole
		7. Lantern - flashlight			42. Bilge pump or other dewatering device
		8. * Loud hailer/megaphone			43. Fire extinguishers (mounted, minimum)
		9. Marine Sanitation Device (MSD)			44. Extra fire extinguisher
		10. MARPOL Trash Placard			45. * Kicker (skiff) hook
		11. Pollution Placard			46. Knife (3" blade minimum)
		12. Navigation lights			47. Personal Flotation Device (PFD) (speed rated if required)
		13. Search light			48. PFD (2 over legal requirements - speed rated not required)
		14. Sound producing device			49. Visual Distress Signals (VDS) Inland
		15. Bell (See Instructions)			50. Visual Distress Signals (VDS) International
		16. Ventilation			51. * Portable pump or means of dewatering
		17. RPM Table (or a means of determining speed)			52. Spare Navigation light bulbs
		18. Navigation Rules, COMDTINST M 16672.2 (series)			53. Stern and bow cleats thru hull w/back plates
		19. CG Auxiliary Ensign			54. Tools for emergency repairs
		20. National Ensign			55. Watch or clock
		21. Patrol Signboards and Patrol Ensign			56. Comms capability per Operations Policy Manual
		22. SAR Incident Auxiliary Report (CG-4612) at least 1			57. * Satisfactory radio check on required frequencies
		23. Towline and bridle (appropriate size / length)			58. Electrical systems
		24. Heaving lines plus sufficient mooring lines			59. Fuel system
		25. * Tide tables (local)			60. Backfire Flame Arrester
		26. Compass			61. Galley / Heating systems
		27. Deviation Table			62. Overall vessel condition
		28. * Light List for area (current)			63. State requirements
		29. Navigation plotting instruments			64. Inspector viewed Reg/Doc papers for ownership
		30. * Search pattern plotting guide			65. Attached Assent & Authorization form for multiple owners
		31. Charts of operating area			66. Attached authorization for corporate offer for use
		32. Adequate fenders			67. Attached info requirements for corp. owned facilities
		33. Alternate propulsion			68. Additional items required by District Commander
		34. Anchor & Anchor Line			
		35. * Extra anchor and anchor line			

SECTION VII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner

When I **am** on board as a crewmember I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

When I am **not** on board I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

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

Owner(s) Initials for Section VII

Attach additional sheets as necessary if you have more than two persons who may operate your facility. If permitted in your district, you may designate all operators in your district to operate your facility while you are onboard by entering "ALL" in the name field.

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 operational facilities.
3. Routine use: Retained by directors of Auxiliary and cognizant USCG group commanders as a record of which vessels have been accepted by the director as U.S. Coast Guard operational facilities.
4. Disclosure: Voluntary, however, the detailed information requested on this form enables the Coast Guard to select qualified vessels as Coast Guard facilities. Failure by the member to provide all or part of the information will prevent the acceptance of the vessel as a Coast Guard facility.

Make sure your letters and numbers are printed like this:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

This form is used to report a vessel facility inspection and offer for use as well as to report changes in the status of a 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

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 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 Auxiliariist 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 LAST 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 (To be completed by owner before inspection of vessel.)

REGISTRATION OR DOC. NUMBER - Enter the facility's state registration number without hyphens or spacing (i.e., MU-185NA, CZ1625BA). If documented, enter number as listed on Certificate of Documentation and as displayed on an interior structural part of the hull (i.e., NO.456234) instead of the state registration number.

HULL IDENTIFICATION NO. - Enter the manufacturer's hull identification number as listed on state registration and permanently imprinted on the vessel. NOTE: Many documented vessels will also have a HIN- if none, enter N/A.

FACILITY'S NAME - Enter the name of the vessel. If the vessel does not have a name, leave this box blank.

FACILITY NO. - Enter the district assigned CALL SIGN for the facility being inspected. Leave blank if none is currently assigned.

VESSEL LOCATION - Enter the city and state where the vessel is located or berthed.

ZIP CODE - Enter the zip code where the vessel is located or berthed.

LATITUDE - Enter the latitude where the vessel is located or berthed.

LONGITUDE - Enter the longitude where the vessel is located or berthed.

MANUFACTURER - Enter the name of the manufacturer of the vessel.

MODEL - Enter the manufacturer's model number or the model name of the vessel.

YEAR - Enter the year the vessel was built.

TYPE VESSEL - Select from list shown on page 5.

LENGTH - State the length of the hull in feet and inches. (as indicated on the registration papers.)

BEAM - State beam of vessel in feet and inches.

DRAFT - State the draft of vessel in feet inches.

NO. BUNKS - Indicate sleeping capacity.

WATER CAPACITY - Enter the water tank capacity in gallons. If no water tank installed, indicate "Not Applicable" or N/A.

TYPE POWER - Indicate type of power from list on page 5.

NO. ENGINES - Indicate the number of main propulsion engines on the vessel.

HP EACH ENG - Enter the engine horsepower (1 if multiple engine - NOT total vessel horsepower).

TYPE FUEL - Enter the type of fuel GASoline or DISL (diesel) the engine(s) require.

FUEL CAPACITY - Enter the total fuel capacity in U.S. gallons.

PREVIOUS BOAT NO. - As necessary, enter the previous vessel's registration number if the facility being inspected replaces one that you previously owned. Do not use hyphens or leave spaces between letters and numerals.

CELL PHONE # - Enter number of cell phone normally carried on facility, Including area code.

DSC NUMBER - Enter Digital Selective Calling (MMIS) number, if equipped with a DSC capable radio.

NIGHT OPS • TRAILERABLE • INSTALLED HEAD • RANGE INSTALLED • SPACE HEATER Check box if condition/item applies.

ENGINE MANUFACTURER - Indicate the name of the engine manufacturer for each engine from list on page 5 and the generator if installed. Enter N/A if appropriate.

MODEL NUMBER - Enter the engine(s) model number(s).

YEAR - Enter the year the engine(s) was (were) installed in the vessel.

SERIAL # - Enter the serial number(s).

K.W. CAPACITY - Enter genset output if installed

FACILITY AVAILABILITY - Check applicable box to indicate Anytime (All), Weeknights or Weekends.

FUEL CONSUMPTION - Indicate the fuel consumption per hour and speed in knots for economical, cruise, and maximum. (NOTE: ONE (1) KNOT = 1.15 STATUTE MILES PER HOUR)

COMPASS, RDF, etc: - Check box if item is installed. In area next to item, if present, indicate type, output and channels as applies- ALL channels or REQUIRED channels. RDF types are AUTO, DOPpler, MANual or SEMI-automatic.

OTHER SPECIAL EQUIP - In the space provided list other equipment or attach a separate sheet that lists other special equipment, if necessary. (Example: EPIRB, strobe light, inflatable life raft, CB radios, etc).

VALUE-HULL - Enter the fair market value of the hull. If the vessel is new enter the cost price.

VALUE-MACHINERY - Enter the fair market value of the vessel's engine(s), auxiliary generator, and any other machinery installed on the vessel. If they are all new, enter the cost price.

VALUE-ELECTRONICS - Enter the fair market value of all radios, depthfinders, radar, etc. installed on the vessel. If all are new, enter the cost price.

VALUE-OTHER EQUIP - Enter the fair market value of all other equipment installed in the vessel. (example: life raft, boat-hooks, anchors, etc.) If all are new, enter the cost price.

TOTAL VALUE OF VESSEL - Enter the total fair market value of the vessel and all of its equipment. If the vessel and all of the equipment is new enter the cost price.

(NOTE: The sum total of the values of the hull, machinery, electronics, and other equipment cannot exceed the total value listed for the vessel.)

SECTION III - 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. Initial tow vehicle and trailer statement. (All facility owners must initial, even if Facility is not trailerable.)

SECTION IV - VE's ENDORSEMENT (To be completed by VE only).

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.

Record mission on ANSC-7038. If Facility meets requirements, count as Vessel Facility Inspection. If failing, count as VSC.

SECTION V - ACCEPTANCE (To be completed by Director).

Make sure required documents are attached before signing.

Confirm (or issue) district call sign in Section I

Sign and date the form.

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

SECTION VI - Requirements for an Operational Auxiliary Facility. (To be completed by VE only).

Check the appropriate boxes.

BELL: A bell is required on boats 12m [39.4 ft.] or longer except for vessels operated exclusively within International waters, where a bell is required only if 20m [65 ft.] or longer.

Personal Flotation Devices must be 50MPH rated is vessel can exceed 35MPH. Extra two PFDs do not need to be speed rated.

Items marked by an asterisk (*) are recommended but may be waived by the District Commander.

SECTION VII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner

Check the applicable box and fill in the member name, member number, division and flotilla of the Soxswain(s) authorized to use your vessel while you are aboard/not aboard. Attach an extra sheet to add to the list of names if necessary. Attach additional sheets as necessary if you have more than two Coxswains who may operate your facility. If permitted in your district, you may designate all Coxswains in your district to operate your facility while you are onboard by entering "ALL" in the name field. Owner(s) must initial in the space provided.

FACILITY TYPES

AFTCAB.....Aft Cabin	INFSPInflatable Spec Use
AIRBTAirboat	JET.....Jet Boat
AUX.....Auxiliary Sail	JETBASS.....Jet Bass Boat
AUXCUTAux Sail Cutter	KETCH.....Ketch
AUXSLAuxiliary Sail	LNDCTLanding Craft
AUXSLCUT.....Auxiliary Sail Cutter	MLBFB.....MLB Fireboat
AUXSLP.....Auxiliary Sloop	MOTRSAIL.....Motor Sailer
BASSBass Boat	MOTRWB.....Motor Whaleboat
BR.....Bow Rider	MOTRYTMotor Yacht
CATCatamaran	NTUG.....Nordic Tug
CATCC.....Catamaran Center Console	OFB.....Offshore Fish Boat
CC.....Cabin Cruiser	OPBOWOpen Bow
CENCNSL.....Center Console	OPDCNSL.....Open Dual Console
CLCUDWLK.....Closed Cuddy Walkaround	OPRHI.....Open - RHI
CLRBTClosed Runabout	PTHSPilot House
CLWLK.....Closed Walkaround	PTN.....Pontoon
COMBR.....Command Bridge	PWC2.....PWC 2 Seat
CONV.....Convertible	PWC3.....PWC 3 Seat
CREWCCrewboat Closed	RHI.....RHI
CRSCruiser	SAILCATSail/Catamaran
CUDCAB.....Cuddy Cabin	SEDAN.....Sedan
DB.....Deck Boat	SEDANBR.....Sedan Bridge
DCFBDouble Cabin W/FB	SFOPSportfish Open
DORY.....Dory	SKF.....Skiff
EXPCRSExpress Cruiser	SKIBT.....Ski Boat
EXPHT.....Express Hardtop	THLJON.....Tunnelhull Jonboat
FBFreeboat	TRICC.....Tri Cabin Cruiser
FBCRS.....Fly Bridge Cruiser	TRIH.....Tri Hull
FBM.....Fly Bridge Motoryacht	TRIHLD.....Tri Hull Deck Boat
FBS.....Fly Bridge Sedan	TRLR.....Trawler
FD.....Flush Deck	TRLRMYT.....Trawler Motoryacht
HB.....Houseboat	TRLRTUG.....Trawlet, Tug
HOVC.....Hover Craft	TUGTug Boat
INF.....Inflatable	UTIL.....Utility

ENGINE TYPES

BERKBerkley Jet	HONDHonda
CATCaterpillar	JOHNJohnson
CHRYChrysler	KHDC.....KHD Canada
CMGSCummins	LYCLycoming
CONT.....Continental	MERCMercury
COVCovington	MRGRMercuriser
CRUS.....Crusader	NISS.....Nissan
DETRDetroit	OMC.....OMC
EVIN.....Evinrude	OTHR.....Other
FORC.....Force	PALM.....Palmer International
FORD.....Ford	SUZKSuzuki
GM.....General Motors	USM.....U.S. Marine
GRAY.....Gray Marine	VOLV.....Volvo
HF.....Hamilton Ferris	WEST.....Westerbeke
	YAMH.....Yamaha

POWER TYPES

AUX.....Auxiliary Sailboat
I.....Inboard
IO.....Inboard-Outboard
JET.....Jet Drive
SL.....Sail
O.....Outboard