

From: DCDR or SO-PA _____ / FC or FSO-PA _____ Date: _____
(UNIT) (UNIT)

To: ADSO-PA (COASTIE)

1. We request COASTIE for the following:

a. Date(s) to be used: _____

b. Place to be used: _____

(Exact location ie: shopping mall, etc)

c. Surface on which COASTIE will be operated: _____

d. Division or Flotilla member who will oversee the event: _____

e. Member who will tow COASTIE to the above location and return (note –
towing vehicle must be equipped with a 2-inch trailer ball and three-pin
electrical connector and be a currently authorized D5NR Operational Vehicle):

f. Qualified operator to be assigned: _____

g. Qualified assistants to be assigned: _____

(DCDR or SO-PA // FC or FSO-PA signature)

Date: _____

From: ADSO-PA (COASTIE)

To: DCDR or SO-PA _____ / FC or FSO-PA _____

1. Your request is (Approved / Denied) 2. Reason for Denial: _____

(SPO-COASTIE Signature)