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

Date: ________________

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)

   (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)