DATE: __________________
FROM: ___________________________________  MEMBER NUMBER: _____________
FLOTILLA ____________

TO: DIRECTOR OF AUXILIARY, 5NR

SUBJECT: OPERATION OF AUXILIARY FACILITY BY A NON-OWNER

RE: (a) AUXILIARY OPERATIONS POLICY MANUAL, COMDTINST M16798.3D

1. When I am on board as a crew member, I authorize any qualified member __________________ to
   operate my facility, __________________ under reimbursable or non-reimbursable orders.
   (Registration Number)

2. When I am not on board, I authorize the Auxiliarists listed below to operate my facility,
   __________________ under reimbursable or non-reimbursable orders, contingent on these
   Auxiliarists being qualified for such orders in accordance with current directives.

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<th>MEMBER’S NAME</th>
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3. This letter is valid for a 12 (twelve) month period from the date of vessel inspection so long as the
   facility is offered and accepted for use or until specifically revoked by me.

_________________________
OWNER’S NAME (Print)

COPY: FC/FSO-OP/ADMIN

WITNESS: ___________________