

Unit: 053 - _____

EMPLID: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____

Blood Type: _____ Weight (lbs) _____ Height (inches): _____ Hair Color: _____ Eye Color: _____

Expired Card: (Y / N)

Lost - Stolen Card - Other: (Y / N) If **Yes**, explain on next line:

Explanation of circumstances: _____

Member Signature / Date

FC Endorsement: _____ OR Email via: D05-SMB-NRDIRAUX@USCG.MIL

FC Signature / Date