

**Thirteenth Coast Guard District
State Request for U.S. Coast Guard/Auxiliary Assistance**

Form

State: _____ Agency Name: _____

Waterway & Location: _____

Contact Name: _____ Phone: _____

Contact E-mail: _____

Single Event

Event Name: _____

Event Date(s)/Time(s): _____

Mission *(check all that apply)*: Distressed Boater Patrol Safety Zone Patrol

Other: _____

Requested Resources: Boats: _____ Personal Water Craft: _____ (PWCs cannot operate solo)

Other: _____

Participating State/Local Resources: _____

Seasonal Request

See attached list. *(Include all information in the block immediately above for each seasonal event listed)*

City/County/State Agency Representative Signature

Date

State Boating Law Administrator (BLA) Signature

Date

Printed BLA Name: _____