

**DEPARTMENT OF
HOMELAND SECURITY
U.S COAST GUARD
ANSC 7004 (03-21)**

UNITED STATES COAST GUARD AUXILIARY
OFFER OF RADIO FACILITY USE AND INSPECTION

INITIAL
 RE-INSPECTION YEAR OF THIS INSPECTION
 CHANGE

SECTION I - MEMBER DATA - Completed by Member

1. OWNER'S MEMBER ID		2. OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL					
3. FACILITY IDENTIFICATION	4. LAST FAC. INSP. DATE	5. IF MEMBER OWNED, OWNER'S QUAL TCO AUXCOM CWS		QUAL DATE	6. IF UNIT OWNED, ENTER UNIT NUMBER	7. PREVIOUS FACILITY ID NUMBER	
8. PERCENT OF OWNERSHIP %	9. DESCRIPTION OF STATION LOCATION				10. OWNER'S EMAIL		
11. STATION'S STREET ADDRESS, CITY, STATE, ZIP CODE							
12. NAME AND ADDRESS OF PROPERTY OWNER WHERE STATION IS LOCATED <input type="checkbox"/> SAME AS ABOVE							

SECTION II RADIO FACILITY DATA - Completed by Owner TYPE OF STATION AND TRANSMITTER/TRANSCIEVER CLASSIFICATION/DESCRIPTION

FIXED LAND REPEATER (CG 6086 attached) LAND MOBILE TRANSPORTABLE PORTABLE or PORTABLE GROUP	TRANSMITTER/TRANSCIEVER -- Offers for use of an HF station must include a VHF-FM radio on CG working frequencies.		
	MAKE AND MODEL		OUTPUT (WATTS)
	HF/MF-SSB		
	VHF-FM		
VHF-AM			

GOVERNMENT FREQUENCIES AVAILABLE - Check all that apply

EMERGENCY POWER AVAILABLE

HF RADIOS 2-26 MHz DATA ALE	VHF RADIOS (each with all CG working freqs.) All VHF Marine/Govt Channels Land Mobile NTIA Compliant 136-174 MHz Digital DMR Digital P25	VHF-AM RADIOS 122.900 MHz 123.100 MHz	ADDITIONAL FREQUENCY INFO: VALUATION: Radios: \$ _____ Antennas & Accessories \$ _____ Total \$ _____	Fixed Land, _____ Hours of Battery Fixed, generator Other _____
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LATITUDE/LONGITUDE - ALL FACILITIES

ANTENNA INFORMATION (Fixed Land and Transportable Only)

LAT.	VHF MAKE/MODEL OR GENERIC TYPE	GAIN (dBd)	FREQ RANGE (MHz)	HEIGHT ABOVE GROUND (FT.)	HEIGHT ABOVE SEA LEVEL (FT.)
LONG.	HF MAKE/MODEL OR GENERIC TYPE	GAIN (dBd)	FREQ RANGE (MHz)	HEIGHT ABOVE GROUND (FT.)	HEIGHT ABOVE SEA LEVEL (FT.)

FACILITY AVAILABILITY - check all that apply

All Days and Times Week Days Weeknights Weekends Emergency Call-outs

SECTION III INSPECTOR'S ENDORSEMENT AND RADIO FACILITY CHECK LIST - Completed by Inspector, Refer to District Inspector's Check List

Radio log adequate Confirm programmed frequencies as claimed in "Government Frequencies Available" Radio check made on required frequencies
 Antenna installation in good condition and properly oriented Antenna and equipment grounding adequate District code plug version _____ installed (VHF radios only)

Inspector's Name _____ Inspector's EMPID _____ Inspector's TCO/AUXCOM date _____ Inspector's District/Division/Flotilla _____ Inspection Date _____ Inspector's Position _____ Signature _____	VHF AUXILIARY RADIO FACILITY CALLSIGN VHF Callsign Issued _____ If portable Group: Group ID _____ Unit IDs _____ HF AUXILIARY RADIO FACILITY CALLSIGN HF Callsign Issued _____ For HF operation authorization, this approval form must be routed to the National BC-RTI	ROUTING APPROVALS (following inspection) _____ name/title _____ signature _____ date DSO-CM _____ name _____ signature _____ date
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SECTION IV OWNER STATEMENT, UNIT AND SIGNATURE - Completed by Owner

This Facility is offered for use and will be operated in accordance with current Coast Guard instructions. I certify that all of the information contained on this form is correct, and I agree to notify the DSO-CM and the Director of any changes.

SIGNATURE OF OWNER _____ DATE SIGNED _____

District Division Flotilla

SEND THIS FORM, ONCE COMPLETED TO THIS POINT, TO THE DIRAUX FOLLOWING YOUR DISTRICT'S COMMUNICATIONS PLAN.

SECTION V ACCEPTANCE - Completed by DIRAUX

THIS USCG AUXILIARY FACILITY IS ACCEPTED FOR USE FOR THREE (3) YEARS. SIGNATURE OF DIRECTOR _____ DATE _____ EXPIRES _____	Entered into AUXDATA by _____ (name) Signature _____ Date _____
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GENERAL

1. This form is used to file an Offer of Use, report a Radio Facility Inspection, or to make Changes in the status of a previously authorized facility. Radio facility inspections are valid for a period of three years. Auxiliary Radio Facilities are considered US Government Stations.
2. Do not use this form for an Enhanced Communications Facility.
3. **TYPE OF REPORT** – Check box to indicate initial, re-inspection, or change, and enter year of this inspection.

SECTION I – MEMBER DATA – To be completed by Member

1. **MEMBER NUMBER** – Enter the station owner's seven-digit Auxiliary member ID number, or the member ID number of the unit's elected Unit leader in the case of an Auxiliary unit-owned facility. Unit-owned radios do not require re-inspection upon a change in elected Unit leader, provided the three-year acceptance period has not expired.
2. **LAST NAME, FIRST NAME, MIDDLE INITIAL** – Enter the owner's or Unit leader's name.
3. **FACILITY IDENTIFICATION** – For an initial inspection, leave blank to be entered by the Director. For a reinspection, enter the assigned number. The facility ID number is NOT the call sign of the station, but the AUXDATA identifier.
4. **FACILITY INSPECTION DATE** – Enter month, day, and year of the facility's last inspection as a nine digit number (July 04, 2003 = 04JUL2003).
5. **OWNER QUALIFICATION** – Enter owner's qualification as a radio station operator (either TCO qualification or AUXCOM course completed prior to August 1, 2008), or CG Unit-approved Communications Watch Stander) Indicate date qualification issuance. Leave blank for a Unit owned facility.
6. **UNIT OWNED STATION** – If station is owned by an Auxiliary Unit, enter the Unit's numeric identification.
7. **PREVIOUS FACILITY IDENTIFICATION NUMBER** – Enter previous number ONLY if this facility replaces one currently authorized.
8. **PERCENT OF OWNERSHIP** – Indicate your percent of ownership. If less than 100% (i.e., multiple ownership), then submit the information required for Multiple Ownership with this form. (Refer to example in Appendix A in Operations Manual). Enter 100% for a Unit-owned facility.
9. **DESCRIPTION OF STATION LOCATION** – Enter the description of where and in what kind of site the facility is installed (i.e. home, vehicle, Auxiliary office, etc.). For portable stations, enter "Portable". For transportable, enter "Transportable".
10. **OWNER'S EMAIL ADDRESS** – Enter the facility's owner's email address.
11. **STREET ADDRESS OF STATION** – Enter address of fixed facility location. If mobile, portable, or transportable, enter owner's address.
12. **NAME/ADDRESS OF PROPERTY OWNER WHERE STATION LOCATED** – If same as above, check box, otherwise indicate property owner's name and address.

SECTION II – RADIO FACILITY DATA – To be completed by Owner

1. **TYPE OF STATION – Check appropriate box (check only one box). One radio may not be used in more than one type of operation.**
 - **FIXED LAND** – A station that operates from a single location as identified in Section I.
 - **LAND MOBILE** – A land station in a vehicle and/or used while in motion or during stops at unspecified points.
 - **PORTABLE OR PORTABLE GROUP** – A VHF handheld radio can be considered as a Land Mobile station only with DIRAUX approval. A group of portables may be accepted as a group under Land Mobile, with one master call sign assigned for the group and each individual radio with an alpha and/or numeric identifier. Refer to District's COMMS Manual.
 - **REPEATER** – Check if the Radio Facility is a repeater. After approval by DIRAUX, this Offer of Use will be routed along with Form CG-6086 to the Auxiliary National Telecommunications Staff for approval and frequency assignment prior to operation.
 - **TRANSPORTABLE** – A station which is transported to various fixed locations but is not intended to be used while in transit (i.e. deployable "go-kit").
2. **TRANSMITTER/TRANSCIEVER** – Check the TYPE and enter make, model and output power of equipment used.
 - VHF transceivers operating on Marine Band channels are limited to 25 watts output.
 - An HF radio facility will not be approved unless accompanied by a Marine VHF radio facility; both must be listed on the same ANSC 7004 form.
3. **GOVERNMENT FREQUENCIES AVAILABLE** – Check all that apply. If not listed, enter in "ADDITIONAL FREQUENCY INFO." VHF radios must, at a minimum, have all CG working channels (Chans. 6, 16, 21A, 22A, 23A, 81A, 83A), see Auxiliary Operation Policy Manual, Table J-4. HF radios must, at a minimum, have all CG authorized HF/MF frequencies, see Table J-3.
4. **ADDITIONAL FREQUENCY INFO** - Enter - additional authorized frequencies, such as repeater in/out and PL information.
5. **VALUATION** – Enter the value of the radios, the antennas & accessories, and the total valuation of the station.
6. **EMERGENCY POWER AVAILABLE** – Check only for Fixed Land or Transportable stations.
7. **ENTER LATITUDE AND LONGITUDE** – Latitude and Longitude must be entered for ALL facilities. Enter in degrees, minutes, and tenths for principal location of the facility. For portable, mobile, and transportable facilities enter the owner's location.
8. **ANTENNA INFORMATION** – Complete for Fixed Land Facilities and Transportable Facilities only. Enter VHF and HF as indicated, antenna make and model number or generic type (dipole, Yagi, vertical, etc.). Enter the rated gain in decibels relative to a dipole antenna (dBd) and the frequency range of the antenna (2-30 MHz, 150-172 MHz, etc.). Enter antenna height in feet above ground and above sea level for Fixed Land Facilities only.
9. **FACILITY AVAILABILITY** – Check applicable box to indicate time(s) that facility will be available (All Days, Week Days, Week Nights, Weekends, and/or Emergency Call-outs).

SECTION III – INSPECTOR'S ENDORSEMENT AND RADIO FACILITY CHECK LIST

1. **INSPECTOR INFORMATION** – Complete entire Section III, enter inspector's name and seven-digit member ID number, TCO or AUXCOM QUAL date, inspector's District/Division/Flotilla number, inspection date, inspector's CM position, and signature. Follow your DSO-CM's "Inspector's Checklist" if available. (Inspectors must be a Communications Officer and TCO qualified or AUXCOM prior to 01AUG08.)
2. **AUXILIARY RADIO FACILITY CALL SIGN** – The call is not the Facility Identification number but the station identifier (call sign) as specified in the Auxiliary Operations Policy Manual.
 - For VHF reinspection, enter the assigned Auxiliary call sign. For VHF initial inspection, assign a call sign according to the District's Communications Plan.
 - For a portable group, follow instructions provided by the DSO-CM.
 - For HF reinspection, enter the assigned Auxiliary call sign. For HF initial inspection, leave blank.
3. **ROUTING APPROVALS** – Route this form up to your SO-CM, then to the DSO-CM, following your District COMMS Manual.

SECTION IV – OWNER'S STATEMENT, OFFER FOR USE & UNIT

1. Owner must sign and date form to indicate information is correct, the facility is offered for use, and will be operated per current directives. Enter District/Division/Flotilla to which facility is associated. Owner must notify the DSO-CM and DIRAUX of any changes in available frequencies, antenna height, station location, and/or call sign.
2. If Unit-owned, the Unit leader (listed as "Owner" in boxes 1 and 2) must sign the form in Section IV.

The radio inspector must approve the AUXDATA record for this facility and must enter a copy of this 7004 into the "files" section of the AUXDATA Radio Facility Record. DIRAUX final approval will then be completed in AUXDATA.