



CANADIAN COAST GUARD AUXILIARY

REQUEST FOR TRAINING

Zone Requesting Training: _____

Type of Training Required: _____

Date(s) of Training: _____

Location: _____

Number of Member(s) Involved in Training: _____

Equipment/Supplies Required for Training/Exercise: _____

Approximate Cost of Training: _____

Participants Involved: _____

Additional Information: _____

Signature of Person Requesting Training: x _____

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FOR OFFICE USE ONLY:

DATE APPROVED: _____ AUTHORIZATION NUMBER _____

APPROVED BY: _____