

Commander (dpa-NR)
United States Coast Guard First District
408 Atlantic Avenue
Boston, MA 02110-3350

Member Name: _____

Member Number: _____

Member Division & Flotilla: _____

Date: _____

Dear Sir:

It is my intention to relinquish my certification as Boat Crewman / Coxswain in the Auxiliary Boat Crew Qualification Program, effective immediately. Please accommodate my wishes by updating my AUXDATA certifications to show that I no longer wish to continue my active certification or to restore my lapsed certification in the program.

Sincerely,