


COAST GUARD AWARD RECOMMENDATION <small>ANSC# 7002</small>		1. RECOMMENDED AWARD			
2. PERIOD BEING RECOGNIZED (DATES INCLUSIVE)		3A. INDICATE IF SUBSEQUENT AWARD (FIRST, SECOND, THIRD, ETC.)		3B. "O" DEVICE YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
PERSONAL AWARD INFORMATION (FOR CIVILIAN AWARDS COMPLETE SECTION 14 ALSO)					
4. NAME (LAST, FIRST, MI)		10. PREVIOUS AWARDS EARNED DURING THE PERIOD BEING RECOGNIZED (ATTACH COPY)			
5. SOCIAL SECURITY NUMBER		11. PRESENT DUTY STATION (AUX: DIVISION/FLOTILLA)			
6. BRANCH OF SERVICE	7. STATUS AUXILIARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE <input type="checkbox"/>		12. NEW DUTY STATION (HOME ADDRESS IF SEPARATION ANTICIPATED)		
7. GRADE/RANK (FOR CIVILIANS: POSITION TITLE, SERIES, AND GRADE) (AUX: POSITION TITLE)		13. OTHER PERSONNEL RECOMMENDED FOR SAME ACTION AND AWARD RECOMMENDED			
9A. DETACHMENT DATE	9B. RETIREMENT YES <input type="checkbox"/> NO <input type="checkbox"/>				
14. FOR CIVILIAN RECOMMENDATIONS ONLY					
14A. PREVIOUS AWARDS DURING PAST 3 YEARS		14B. RECOMMENDED AMOUNT OF AWARD (IF APPLICABLE)			
		14C. RECOMMENDED AMOUNT OF TIME OFF (IF APPLICABLE)			
UNIT/TEAM AWARD INFORMATION					
15. NAME OF UNIT/TEAM		16. LOCATION OF UNIT/TEAM AT TIME OF ACTION			
17. LIST OF UNIT/TEAM PERSONNEL RECOMMENDED FOR AWARD (USE ADDITIONAL PAGE OR ATTACH ROSTER IF NECESSARY). PROVIDE NAME, SSN, GRADE/RATE, STATUS, AND PRESENT DUTY STATION.					
18. NAME, GRADE, TITLE OF ORIGINATOR		PHONE NO.		SIGNATURE	
				DATE	
19. FORWARDING ENDORSEMENTS BY VIA ADDRESSEE(S). ATTACH ADDITIONAL SHEETS AS NECESSARY.					
VIA	COMMAND	RECOMMENDED AWARD	"O" DEVICE	SIGNATURE, GRADE, TITLE	DATE
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
20. DISPOSITION BY AWARDING AUTHORITY AWARD APPROVED		"O" DEVICE	EXTRAORDINARY HEROISM APPROVED	SIGNATURE, GRADE, TITLE	DATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
21. SUMMARY OF ACTION:					
ATTACH A SEPARATE SHEET, IN NARRATIVE OR BULLET STYLE, TO MORE EFFECTIVELY CONVEY ACTION. AT A MINIMUM, MUST ADDRESS THE FOLLOWING QUESTIONS: (1) WHAT WAS THE SPECIFIC ACT/SERVICE PERFORMED? (2) WHERE DID THE ACTION/SERVICE HAPPEN? (3) WHAT WAS THE VALUE/EFFECT OF THE MEMBER'S CONTRIBUTION? (SEE COMDINST M1650.25 (SERIES))					
FOR CIVILIAN AWARDS: SHOULD NOT EXCEED THREE PAGES: SEE COMDINST M12451.1 (SERIES) FOR GUIDANCE ON SPECIFIC AWARDS. CITATION IF APPLICABLE					