MEMORANDUM

From: _____ Date:_____
(*printed name and signature*)
Flotilla Commander _____, D____ (*flotilla & district number*)

To: U.S. Coast Guard Uniform Distribution Center

Subj: ODU UNTUCKED PROCUREMENT AUTHORIZATION

Ref: (a) ALAUX 026 / 09

1. In accordance with reference (a), the following criteria have been met to purchase an ODU untucked uniform for Auxiliarist _____.
(*full name*)

a. The member's size is unavailable in the tucked ODU, and the member has **NEVER** received or purchased an ODU or untucked ODU uniform in the past.

b. The untucked ODU uniform is needed for the individual to perform Auxiliary missions.

c. The Auxiliarist's Base Enrollment Date is: _____.

2. Auxiliarist _____ meets the above criteria and is eligible to purchase **ONE SET** of the ODU untucked uniform by **FAX ORDER** only.

3. All orders will be shipped using USPS priority mail.

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