

DEPARTMENT OF HOMELAND SECURITY
U. S. Coast Guard

REQUEST TO ASSIGN COMPETENCIES, EDUCATION, OR OFFICER SPECIALTY TO A POSITION

SECTION I. General Information (Complete for all requests)

1. Requesting Unit or Program		2. Date of Request		
3. POC Name	4. Command Endorsement		5. Date of Endorsement	
6. Nature of Request (Pick One) <div style="display: flex; justify-content: space-around; width: 100%;"> New Position Request Existing Position Update </div>				
7. Provide a brief explanation for this assignment or change				
Multiple POSN # See Attached	8. Position Number	9. Position Title	10. Dept/Unit ID	

SECTION II. Competency and Other Requirements

PART A. Competencies

11. Competency Assignments (Enter Competency Code, Title, and Importance)

Competency Code	Competency Title	Importance (5=High)				
		5	4	3	2	1

PART B. Other Requirements

12. Desired Experience (Indicate if this position requires some specific amount of experience and/or prior assignments)

13. Education Requirements (Enter Degree Code, Level, Title [major], and Importance)

Degree Code	Degree Level	Degree Title	Importance (5=High)				
			5	4	3	2	1

14. Licenses and/or Certifications Requirements (Enter License/Certification Code, Title, and Importance)

Lic/Cert Code	License/Certification Title	Importance (5=High)				
		5	4	3	2	1

15. Comments

SECTION III. Officer Specialty Designation (Complete for Officer Positions Only)

16. Officer Specialty/Subspecialty Assignment

Code	Specialty Title	Code	Sub Specialty Title

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SECTION IV. Review and Approval (To be completed by CMSA Staff)

17. Area Endorsement (if applicable) <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as modified <input type="checkbox"/> Disapproved </p>	17a. Signature/Date
17b. If request was not originated by Area, include Area feedback/comments	
18a. Program Manager Endorsement <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as modified <input type="checkbox"/> Disapproved </p>	18b. Signature/Date
18c. Program Sponsor comments and feedback	
19a. CG-12A Endorsement (if Contains an Officer Specialty) <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as modified <input type="checkbox"/> Disapproved </p>	19b. Signature/Date
19c. CG-12A comments and feedback	
20a. Competency Administrator Final Disposition of Request (To be completed by CMSA Staff) <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as modified <input type="checkbox"/> Disapproved </p>	20b. Signature/Date
20c. Competency Administrator specific reason request was modified or disapproved.	
21. TMT/ALMIS Notified (if applicable)	
22. Date Entered into Direct Access	23. Name/Signature of Authorizing Official