

Request for Authorization to Wear the Marine Safety Insignia



1. Personal Information.

Last Name, First, Middle Init. _____ Rank/Grade _____
 Social Security Number _____ Unit/Office Assigned _____

2. Documentation of at least four marine safety qualifications (attach qualification letters, page 7's, signature page of qualification PQS, or other documentation verifying qualifications obtained, such as description of duty block in OER, or other reference to qualification). List qualifications.

1. _____
2. _____
3. _____
4. _____

3. Service at an operational marine safety unit (must have served at least four years).

Tour Start Date (Month/Day/Year)	Tour Complete Date (Month/Day/Year)	Unit/Location

4. Office Chief/Supervisor/Command Endorsement (Not applicable to retirees). ***“I have reviewed the information provided and I recommend/do not recommend that the Marine Safety Insignia be issued.”***

Name of Office Chief/Supervisor _____
 Signature/Date _____

**Mail/Guard Mail Form To Your Local Marine Safety
 Unit/Staff Element Or To:**
 Commandant (G-M-1)
 U.S. Coast Guard
 2100 Second Street, SW Room 2408

Washington, DC 20593-0001