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| DEPARTMENT OF HOMELAND SECURITY  U.S. COAST GUARD  **ADMINISTRATIVE REMARKS** | | |
| **PRIVACY ACT STATEMENT**  Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.  **AUTHORITY**: 14 U.S.C. § 505  **PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.  **ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).  **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. | | |
| Entry Type: Assignment and Transfer (A&T-4)  Reference: Section 1-C, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: I have read and understand Article 1-C-11, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series), relating to suitability of members to serve on icebreaker duty. Neither I nor my dependents possess any physical or mental abnormalities, except as indicated, which might result in a determination that I be disqualified for such duty: (state disqualification or indicate “none to my knowledge") . I consider myself fully qualified for icebreaker duty.  FIRST MI. LAST  DDMMMYYYY: Compliance with the provisions of Article 1-C-11, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series), is certified. [Rate Last Name] is considered to be suitable in all respects for icebreaker duty.  A. B. SEA, CAPT, USCG  Commanding Officer | | |
| 1. NAME OF PERMANENT UNIT | 1. NAME OF UNIT PREPARING THIS FORM | |
| 1. NAME OF MEMBER (Last, First, MI) | 1. EMPLOYEE ID NUMBER | 1. GRADE/RATE |

Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

Page 1 of 1