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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: Performance and Discipline (P&D-07A)  Reference: Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Per Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series), Paragraph 4.C, your driving privileges aboard Coast Guard installations and local area Armed Forces facilities are suspended or restricted for a period of one (1) or (2) year or years.  Exceptions to Restriction. If restricted driving privileges are granted to address mission performance, unusual personal or family hardship, or safety concerns, the CO/OIC must clearly specify the terms in writing that the individual must acknowledge.    FirstI. MI. LastName  Commanding Officer  DDMMMYYYY: I acknowledge the above entry. I understand I can appeal the restriction in writing, via the chain of command, to the first Flag-level officer in that chain of command.  FirstI. MI. LastName | | |
| 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

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