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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-36)  Reference: Tattoo, Branding, Body Piercing, and Mutilation Standards, COMDTINST 1000.1 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: The tattoo/brand on your neck/face/hand has been determined to be against the Coast Guard’s Tattoo, Branding, Body Piercing, and Mutilation Standards, COMDTINST 1000.1 (series). I encourage you to seek competent medical advice regarding the removal of the tattoo/brand. You have until DDMMMYYYY to seek such advice and to make a decision. Should you choose not to remove the tattoo/brand, I will begin separation action. A description of the disqualifying tattoos/brands is as follows:  Left Hand: Ship's anchorSkull tattoo larger than 3” in any dimension.  A. B. SEA, CAPT, USCG  Commanding Officer  DDMMMYYYY: I acknowledge the above entry and have been afforded the opportunity to review the Tattoo, Branding, Body Piercing and Mutilation Standards, COMDTINST 1000.1 (series), and fully understand the action required.  FIRST MI. LAST | | |
| 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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