



COAST GUARD MUTUAL ASSISTANCE

US Coast Guard Mailstop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

From: Coast Guard Mutual Assistance Representative,
(*Insert name of Rep's unit*)

Site Number: 99xxx
Date:

To: (*Insert name of designated CGMA Assistant Representative*)

Subj: APPOINTMENT AS CGMA ASSISTANT REPRESENTATIVE

Ref: (a) CGMA Manual, Paragraph 2-F-1

1. Under the provisions of reference (a), and with your consent, you are hereby appointed as a CGMA Assistant Representative, (*insert unit name*).
2. You (*are*) (*are not*) authorized to approve CGMA loans of up to (*if authorized to approve, insert amount up to a maximum of \$3,000*).
3. You (*are*) (*are not*) authorized to sign CGMA checks.
4. Please indicate your acceptance of this appointment by endorsement hereon. Upon acceptance of this appointment, you are to complete the CGMA Assistant Representative Information and Certification Form (CGMA Form 20a) and the Relief of CGMA Representative or Assistant Representative Audit Form (CGMA Form 21) (*if custody of CGMA checks changes*) in accordance with reference (a).

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(*Today's Date*)

FIRST ENDORSEMENT

From: (*Insert Name of designated CGMA Assistant Representative*)

To: CGMA Representative, (*Insert name of CGMA Representative's unit*)

1. I hereby accept appointment as CGMA Assistant Representative, (*insert unit name*).
2. Completed CGMA Forms 20a and 21 are attached, and copies have been sent to CGMA-HQ.

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Enclosures: (1) CGMA Form 20a
(2) CGMA Form 21

Figure (2.F.2)
Jul 2010