ANNEX XIII. PCGA IDENTIFICATION CARD APPLICATION FORM

PHILIPPINE COAST GUARD AUXILIARY

ID APPLICATION FORM

RED BACKGROUND

2 X 2 PICTURE

ID No.: _____ Auxiliary District: _____ Squadron No.: _____

FIRST NAME:
MIDDLE NAME:
LAST NAME:

APPLICABLE FOR MARRIED FEMALE

MAIDEN'S MIDDLE NAME:
MAIDEN'S LAST NAME:

RANK: AUTHORITY:
DESIGNATION:

HOME ADDRESS:

MARITAL STATUS: (PLS. CHECK ONE) ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED

WEIGHT[Kgs]: EYES:
HEIGHT[Cms]: HAIR:
BLOOD TYPE: SEX:
RELIGION:
DATE OF BIRTH (DD-MMM-YYYY) : - -
IDENTIFYING DATA/ MARK:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY AND RELATIONSHIP:

ADDRESS OF PERSON TO BE NOTIFIED:

CONTACT NO.:

ATTACHMENTS

1. Appointment/Promotion Order/Affidavit if lost/damage.

STATEMENT OF CONSENT

I declare that I am fully aware that the above data shall be used for securing my PCGA Identification membership card. I trust that the above data shall remain confidential hence I give my consent that the same data be secured and accessed for subsequent validation, verification, and for other purposes. I further affirm that all statements/data, which appear in this registration form and made by me are true and complete to the best of my knowledge and belief.

Signature over Printed Name

RIGHT THUMBMARK

SPECIMEN SIGNATURE

ENDORSED BY:

SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
		VADM VALENTIN B PRIETO JR PCGA
SQUADRON DIRECTOR	**DISTRICT AUXILIARY DIRECTOR**	**PCGA NATIONAL DIRECTOR**

NOTED BY:

CDR INOCENCIO C ROSARIO JR PCG

DC of CGS for CRS, CG-7

APPROVED BY:

RADM WILLIAM M MELAD PCG

COMMANDANT PCG