

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5223 (Rev. 6-04)		SHORT-TERM RESIDENT TRAINING REQUEST				1. DATE (M)						
						(Information on this form are Privacy Act Protected, 5USC 522(a))				2. REQUEST STATUS (Check one)		
		(When filling in items 1. thru 22. NOTE ( M ) MANDATORY or ( Q ) OPTIONAL				A. (M) INITIAL	C. (M) CORRECTED	B. RESUB- MISSION (M)	D. CANCEL- LATION (M)			
3. SERVICE NUMBER (M)	4. NAME (Last, Initials) (M)		5. RANK/RATE (M)		6. ROTATION DATE (Estimate) (M)							
7. COURSE TITLE/NUMBER (M)		8. UNIT (M)		9. OPFAC NUMBER (M)								
		10. POINT OF CONTACT (Name) (O)		11. TELEPHONE NUMBER (M)								
12. TRAINING SOURCE/LOCATION (O)		14. BILLING ADDRESS (When applicable) (O)		15. PRIORITY (Code) (M)								
13. TUITION AND FEES (When applicable) (O)				16. COURSE DURATION (O)								
				WEEKS		DAYS						
17. COURSE CONVENING PREFERENCE (M)												
A. FIRST CHOICE (M)			B. SECOND CHOICE (M)			C. THIRD CHOICE (M)						
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH					
18. QUALIFICATION CODES OF APPLICANT (O)		19. MEETS COURSE PREREQUISITES (M) (e.g. Prior courses/rate) (Check applicable box)		20. EXPIRATION OF ENLISTMENT DATE (M)								
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A										
21. TRAINING NEEDS ANALYSIS (M)												
A. NO. PERSONNEL UNIT (M) REQUIRED TRAINED IN COURSE		B. NO. PERSONNEL WITH TRAINING O/B (M)		C. NO. PERSONNEL "ORDERED IN" WITH TRAINING (M)		D. NO. PERSONNEL "ORDERED OUT" WITH TRAINING (M)						
22. SUPPORTING REMARKS AND COURSE DESCRIPTION (Attach course literature; for commercial sources) (O)												
23. FIRST ENDORSEMENT FORWARDED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required)								UNIT/ACTIVITY			DATE	
								C. REMARKS				
								D. TITLE			E. SIGNATURE	
24. SECOND ENDORSEMENT FORWARDED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks required)								DIST/HQ UNIT			DATE	
								C. REMARKS				
								D. TITLE			E. SIGNATURE	
25. QUOTA STATUS (Action office use only)												
A. QUOTA REQUIRED		B. QUOTA REQUESTED		C. QUOTA GRANTED		REASON NOT GRANTED						
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							

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B. RESUB- MISSION (M)		D. CANCEL- LATION (M)							
3. SERVICE NUMBER (M)	4. NAME <i>(Last, Initials)</i> (M)		5. RANK/RATE (M)		6. ROTATION DATE <i>(Estimate)</i> (M) YEAR MONTH				
7. COURSE TITLE/NUMBER (M)		8. UNIT (M)		9. OPFAC NUMBER (M)					
		10. POINT OF CONTACT <i>(Name)</i> (O)		11. TELEPHONE NUMBER (M) AREA CODE NUMBER EXT					
12. TRAINING SOURCE/LOCATION (O)		14. BILLING ADDRESS <i>(When applicable)</i> (O)		15. PRIORITY <i>(Code)</i> (M)					
13. TUITION AND FEES <i>(When applicable)</i> (O)				16. COURSE DURATION (O) WEEKS DAYS					
17. COURSE CONVENING PREFERENCE (M)									
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25. QUOTA STATUS <i>(Action office use only)</i>									
A. QUOTA REQUIRED		B. QUOTA REQUESTED		C. QUOTA GRANTED		REASON NOT GRANTED			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						

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