



COAST GUARD MUTUAL ASSISTANCE

1005 N. Glebe Road
Suite 220
Arlington, VA 22201

Site Number: 99

From: Coast Guard Mutual Assistance Representative,

Date:

To:

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,
2. You are not authorized to approve CGMA loans of up to (if authorized to approve, insert amount up to a maximum of \$).
3. You 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).

Representative's Signature

FIRST ENDORSEMENT

From:

To: CGMA Representative,

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

Assistant Representative's Signature

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

Figure (2.F.2)
Oct 2015