

CGMA Representative Information and Certification Form

Unit Name _____

Site Number _____

Information about the NEW CGMA Representative

Name and Rate/Rank _____

Telephone (____) _____ - _____

Who is the Representative being relieved? _____

Do you wish to have a user name and password to access CGMA-CMP? Yes No .

Who is the Primary CGMA Point of Contact for your site? _____
(This person's name, phone number and e-mail address will be published on the CGMA website.)

List all Current CGMA Assistant Reps at Your Unit:

_____	_____
_____	_____
_____	_____

I confirm that my **Appointment Letter** has been received

I confirm that an **Audit** has been completed

I am aware that the **CGMA Manual**, the latest **CGMA Annual Report**, and the **BOC Meeting Minutes** are available online at www.cgmahq.org

I am aware that the **Active Loan List** and all **Assistance Summary Reports** are available from within the CGMA-CMP application

I am aware that the **Restricted List** and the **List of Reps and Assistants** will be sent monthly to all CGMA Reps and Assistants by e-mail

I have read Section 2-F of the CGMA Manual and understand the responsibilities outlined for a CGMA Representative.

Signature of new CGMA Representative

Date

This form is designed to assist individuals in successfully assuming the duties and responsibilities of a CGMA Representative. At the same time, this form will assist with maintaining up-to-date information concerning Representatives, which is crucial to the communication network used by Coast Guard Mutual Assistance.

This information must be completed and forwarded to CGMA-HQ each time a CGMA Representative is appointed. User names and passwords necessary to access CGMA-CMP will not be issued until all items are completed.

Contact CGMA-HQ at (703) 875-0404 for additional assistance.

**Once complete, please image and e-mail to ARL-DG-CGMA@uscg.mil (Preferred) or
FAX to CGMA-HQ at (703) 875-0344**