U.S. COAST GUARD AUXILIARY – SOUTHWEST DISTRICT

SW DISTRICT SR – PPE REQUEST FORM (PPE-100)

1. REQUESTOR

Name	Member ID	Division	Flotilla

Email / Phone

2. ACTION

ISSUE	EXCHANGE	TURN-IN
☐	☐	☐

3. PPE ITEMS

Item	Size	ISS	EXC	TIN	Brand / Model
Gear Bag		☐	☐	☐	
PFD		☐	☐	☐	
PWC PFD		☐	☐	☐	
PWC Helmet		☐	☐	☐	
PWC Misc Gear		☐	☐	☐	
Coverall		☐	☐	☐	
SAR Vest		☐	☐	☐	
PLB		☐	☐	☐	
Helmet		☐	☐	☐	
Goggles		☐	☐	☐	
Rain Suit		☐	☐	☐	
Float Coat		☐	☐	☐	

4. ORDER REQUEST FILLED (PPE Manager)

PPE Manager Signature: _____ Date: _____

5. DELIVERY / INSPECTION / BUILD-UP (SO-RS)

SO-RS Signature: _____ Date: _____

6. ACCOUNTABILITY (Tiger Team Rep)

Tiger Team Signature: _____ Date: _____

7. RECEIPT (Member)

Member Signature: _____ Date: _____

8. COMPLIANCE / ROUTING (OTO)

OTO Signature: _____ Date: _____

The SO-RS is responsible for completing this form on behalf of the member requesting gear. The SO-RS will ensure this form is email returned to the OTO for inclusion as attachment into AUXDATA2.