

OPERATION PATRIOT READINESS III

PATROL PLANNING GUIDE #2

Auxiliary Asset Allocation

(To be completed by the Auxiliary and authorized by the Coast Guard)

Coast Guard Station:	
Flotilla #:	Location:

Date Planned: _____

MARSEC LEVEL (check one): **1**___ **2**___ **3**___

Patrol Method: Water___ Air___ Land___ Other (specify)_____

Patrol Location:

Frequency/Time: _____

Start Point: _____

Route: _____

End Point: _____

Patrol Members:

Name: _____ Mem. # _____

Phone #: _____

E-Mail: _____

Name: _____ Mem. # _____

Phone #: _____

E-Mail: _____

Name: _____ Mem. # _____

Phone #: _____

E-Mail: _____