

CHANGE OF MAILING, FREIGHT, AND BILLING ADDRESS

From:
To: Commanding Officer, U.S. Coast Guard Engineering Logistics Center, Baltimore, MD
Via:
Via: (District, MLC, or COMDT)

***INSTRUCTIONS:** Submit original and four copies to District, MLC, or COMDT. District, MLC, or COMDT verify accuracy and completeness. Forward original to Engineering Logistics Center, Baltimore and copies to Commandant (CG-612), Personnel Service Center and Coast Guard Institute to arrive at least 30 days prior to the effective date of change requested. A mail address must be a P.O. Box or street address and must include a city, state, and postal nine-digit ZIP code. The freight address cannot be a P.O. Box and must show a complete street address, city, state, and nine-digit ZIP code of the facility.*

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<p>b. TYPE OF CHANGE</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">ESTABLISH</td> <td style="width: 50%; border: none;">REVISE</td> </tr> <tr> <td style="border: none;">MAIL ADDRESS</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">FREIGHT ADDRESS</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">BILLING ADDRESS</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">DELETE</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">FREIGHT ADDRESS</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">MAIL, FREIGHT, AND BILLING ADDRESS</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">REASON</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">CORRECTION</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">CHANGE OF ADDRESS</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">*REDESIGNATION OF UNIT</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">*UNIT DECOMMISSIONED/DISESTABLISHED</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">*UNIT COMMISSIONED/ESTABLISHED</td> <td style="border: none;"></td> </tr> </table> <p>*Cite Operating Facility Change Order in Section II</p>	ESTABLISH	REVISE	MAIL ADDRESS		FREIGHT ADDRESS		BILLING ADDRESS		DELETE		FREIGHT ADDRESS		MAIL, FREIGHT, AND BILLING ADDRESS		REASON		CORRECTION		CHANGE OF ADDRESS		*REDESIGNATION OF UNIT		*UNIT DECOMMISSIONED/DISESTABLISHED		*UNIT COMMISSIONED/ESTABLISHED		<p>e. FREIGHT ADDRESS (Must be used when 1c is a P.O. Box.) Limited to 4 lines 35 characters per line. Only A-Z and 0-9 may be used (no punctuation). Use ZIP + 4. Fill in 2 digit Administrative Target Unit (ATU).</p> <p>ATU (2 digits):</p>	<p>f. EFFECTIVE JULIAN DATE 5 digits in format YYDDD</p>
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<p>g. STANDARD DISTRIBUTION LIST (Found in COMDTNOTE 5605) 2 character symbol.</p>	<p>h. BILLING ADDRESS Complete this block by using a 6 character Activity Address Code (beginning with a Z) of unit to receive billing. If block a. is a Navy UIC leave blank. Fill in 2 digit Administrative Target Unit (ATU).</p> <p>ATU (2 digits):</p>	<p>i. EFFECTIVE JULIAN DATE 5 digits in format YYDDD</p>																										

Name and Telephone of Person to contact regarding this change		NAME	TELEPHONE NO.
DATE		SIGNATURE	

II. DISTRICT, MLC, OR COMDT COMMENTS

1. Forwarded approval. Change affects DoDAAD and SDL SDL only DoDAAD only

2. Covered by OFCO No. _____ (When applicable)

Name and Telephone of Person to contact regarding this change		NAME	TELEPHONE NO.
DATE		SIGNATURE BLOCK	SIGNATURE

III. ENGLOGCEN BALTIMORE USE ONLY

Date received:	Port Designator (3 characters)	Transaction Code	1	2	3	4	Code 440 check _____ signature and date
Received By:							Code 280 TAC3 check _____ signature and date
Standard Point Location Code (6 characters)	Air Terminal Identifier (3 characters)	TA					Code 330 overall verification _____ signature and date
		TAC					