

New Chapter Commissioning Request

Ship Information				
Class Requested:		Class Code:		Hull#:
Name Requested:		Class-Type:		
Street Address:				
City:				
State/Province:		Zip:		
Country:				
Phone Contact:		Email:		
Web Page:				

Command Crew Information				
Commanding officer				
Name:				
RMN ID:		Current Rank:		
Date of Birth:		Highest Main Line Course Completed:		
Phone:				
Email:				
Executive Officer				
Name:				
RMN ID:		Current Rank:		
Date of Birth:		Highest Main Line Course Completed:		
Phone:				
Email:				
Bosun				
Name:				
RMN ID:		Current Rank:		
Date of Birth:		Highest Main Line Course Completed:		
Phone:				
Email:				

Regular Crew Information, Officers			
Current Rank:	Name:	Highest ML Test:	RMN ID:

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Regular Crew Information, Enlisted			
Current Rank:	Name:	Highest ML Test:	RMN ID:

Approvals			
Fleet Commander:		Date:	
BuShips:		Date:	

BuShips Use Only:			
Class Approval (Check One):	YES -- NO		
Hull Number:		Code-Number:	
City Of Charter:			
Submitted to Bupers for assignment of crew:			

Notes:
