

Command Info or Letterhead

DD MMM YYYY

MEMORANDUM

From: RANK I.M. Commanding, USXX
USXX UNIT NAME

Reply to Name of POC
Attn of (xxx) xxx-xxxx

To: USCG National Maritime Center

Subj: Random Drug Testing/Active Duty Fee Waiver for RANK A.B. Sailor, USXX

Ref: (a) 46 CFR 10.219(m)
(b) USCG-MMC Policy Letter 03-24

1. RANK A.B. Sailor, is assigned to my unit, and this memorandum attests to SNM's status on active duty.

2. Per references (a) and (b), I attest the SNM is currently on Active Duty within the uniformed service of the *(insert name of other uniform service)*.

OR

Per references (a) and (b), I attest the SNM is currently a member of the Selected Reserve of the Ready Reserve within the armed forces of the *(insert name of other armed force SELRES)*.

3. Dates on Active Duty: DD MMM YYYY to DD MMM YYYY.

4. RANK A.B. Sailor has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.

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