Cape Lookout National Seashore **Permit Holder-** _____ Attachment 4

CUA Employee List **Year-** 2013 Operating Season Page ___ of ___

(Must be updated as employees are added)
(Copy notes that master documents must be presented for CALO copy for file).

Name	Address	Phone(s)- Bus., Home, Cell	Job(s), Emergency Contact Priority?	COPY Captains License # & Expiration	COPY First Aid Expiration	COPY CPR Expiration	COPY Drug Consort	COPY Drivers License (If needed)	Other Comments