DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

MEDIA HISTORY RECORD

NAME OF MEDIA	TELEPHONE NO.
ADDRESS *(Street, City, State, and Zip Code)*	
NAME OF CONTACT *(Last, First, MI)*	
HOURS OF OPERATION *(TV or radio)*	GEO. AREA COVERED
FREQUENCY OF PUBLICATION *(Printed material)*	APPROX. CIRCULATION
TYPE OF AUDIENCE APPEAL	
TYPE OF MATERIAL DESIRED	
WILL STATION OR PUBLICATION USE COAST GUARD MATERIAL? IF NO, WHY?	

DATE	**PAST SIGNIFICANT ASSISTANCE RENDERED** *(Description of assistance)*

DATE	**RECORD OF CONTACTS AND RECRUITING ACTIVITIES** *(Summary of contact or activity)*