APPLICATION FOR A CIVIL AIR PATROL VEHICLE OPERATOR’S PERMIT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | | **First Name** | | | | **CAP ID** | | **D.O.B.** | | | **Driver’s License #** | | **Class** |
|  | |  | | | |  | | Click or tap to enter a date. | | |  | |  |
| **Address** | | | | **Restrictions** | | | | | **Endorsements** | | | **Expiration Date** | |
|  | | | |  | | | | |  | | | Click or tap to enter a date. | |
| **City** | | | **State** | | | | **Zip Code** | | | **Email Address** | | | |
|  | | |  | | | |  | | |  | | | |
| **Group** | **Unit Charter # (FL123)** | | | | **Unit Name** | | | | | | | | |
|  |  | | | |  | | | | | | | | |

I am requesting permission to operate the following corporate owned vehicles:

Sedan & up to 12 Passenger Van  Pickup Truck

Special Purpose Vehicle  Tow Trailers under 2000 Pounds

Tow Trailers over 2000 Pounds

The following items have been included in this mailing/email:

FLWGF3 approved by my squadron commander or FLWG Supervising staff officer

A clear, readable copy of my state driver’s license (front & back)

A copy of my state driving history for the past three (3) years

Describe ALL accidents, violations, and convictions during the last three (3) years; if none, mark “NONE” in the box below.

|  |
| --- |
|  |

***I hereby declare that the information given on this document is true and correct to the best of my knowledge. I understand that giving false information or failure to follow CAP regulations, supplements, or directives may result in revocation of my CAPF 75. "Motor Vehicle Operator Identification Card", driving privileges and could be held financially responsible, if I have deliberately caused damage or losses to CAP Corporate Owned Vehicles, (COV).***

***APPLICANT:******By signing below, you the applicant acknowledge that you have read and understand CAPR 77-1 and any FLWG Supplements in force and understand the requirements and obligations as an operator of a Civil Air Patrol vehicle. I authorize FLWG CAP to access my driver's abstract without further authorization by me as required by CAPF 77-1, FLWG Supplements and or Operational Instructions.***

**Applicant Signature** **Date:** Click or tap to enter a date.



**Unit Commander’s or Supervising Staff Officer Signature Date:** Click or tap to enter a date.



**Date Received by Logistics Date:** Click or tap to enter a date.