Date of application: CAP ID:

1. LAST NAME:       FIRST NAME:       MI:
2. ADDRESS:

STREET

ZIP CODE

STATE

CITY

1. TELEPHONE #: HOME:       WORK:       CELL:
2. SQUADRON/UNIT:       GROUP# Choose an item. WING:
3. LOCATION OF RADIO (IF BASE STATION): LATITUDE:       DEGREES MINUTES:       (EXAMPLE: 12.35)

 LONGITUDE:       DEGREES MINUTES:       (EXAMPLE: 12.35)

1. IS THIS LOCATION WITHIN 3 NM OF AN AIRPORT? Choose an item.
	1. IF YES, WILL THE ANTENNA BE 200’ OR MORE? Choose an item.
		1. IF YES, ATTACH THE LIGHTING AND PAINTING SPECS. USE A SEPARATE SHEET OF PAPER.
	2. IF YES, GIVE NAME OF LANDING AREA:
	3. WHAT DISTANCE TO CENTER LINE OF NEAREST RUNWAY?
2. IS THE ANTENNA MOUNTED TO AN EXISTING STRUCTURE? Choose an item.
	1. IF YES, GIVE THE NAME OF THE LICENSEE USING THE RADIO SERVICE IN WHICH THEY ARE LICENSED.

1. HF TRANSMITTER INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MAKE** | **MODEL** | **SERIAL#** | **BASE?** | **POWER OUTPUT** | **CORPORATE** | **PERSONAL** |
|       |       |       | [ ]  |       | [ ]  | [ ]  |
|       |       |       | [ ]  |       | [ ]  | [ ]  |

1. OTHER RADIO TRANSMITTER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MAKE** | **MODEL** | **SERIAL#** | **BASE** | **MOBILE** | **VHF** | **MAX POWER OUT** | **CORP** | **PERSONAL** |
|       |       |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |

1. DO YOU HAVE An EMERGENCY POWER SOURCE? Choose an item.
	1. IF YES, WHAT TYPE? [ ]  BATTERY [ ] GENERATOR [ ]  SOLAR
		* 1. IN ACCORDANCE WITH CAPR 100-1, The radio operator is responsible for maintaining the proper frequency with operation a radio system.

I fully understand that if I acquire any personal communications equipment, for use on the Civil Air Patrol frequencies, it must meet NTIA standards and I must provide the FLWG/DC an update (may be provided by email), that includes the make, model, serial number, type of use and power output of the radio for the Request Station Authorization database.

SIGNED:
(MEMBER MUST MEET THE TRAINING REQUIREMENTS SPECIFIED IN CAPR 100-1, paragraphs 5-1, 5-2, and 5-3)

(2)

I AUTHORIZE THIS APPLICATION FOR A STATION AUTHORIZATION (BOTH SIGNATURES ARE REQUIRED)

(UNIT COMMUNICATIONS OFFICER OR COMMANDER)

(GROUP/WING COMMUNICATIONS OFFICER)

INSTRUCTIONS

FRONT SIDE: (NOTE: USE A SEPARATE SHEET FOR PAPER IF BOXES ARE TOO SMALL)

SECTION 1. Question #’s 1 – 4 are self-explanatory.

SECTION 2. Answer questions 6 & 7 only if your radio will be a base station.

SECTION 3. Items 8, 9 & 10 should be self-explanatory.

REVERSE SIDE:

SECTION 1. This is to be signed by the applicant.

SECTION 2. This section should be signed by the unit commander and/or the communications officer. Group Communications officer endorsement can be provided by signature or email.

SEND THIS FORM VIA EMAILTO FLWG/DC
FOR WING USE ONLY

FLORIDA CAP # DATE ISSUED: REVIEW DATE: