ALABAMA WING CIVIL AIR PATROL

APPLICATION FOR CIVIL AIR PATROL DRIVER'S LICENSE (CAPF 75)

UNIT: _____ DATE: _____

NAME:_____ RANK:_____ CAPSN:_____

ADDRESS:_____ CITY:_____ZIP:_____

HOME:_____WORK:_____CELL:_____

DRIVER LICENSE # _____ STATE:_____ EXPIRES:_____

APPLICATION CHECKLIST

1.) COMPLETED ALABAMA WING FORM 9
2.) COPY OF APPLICANT'S CAP MEMBERSHIP CARD
3.) COPY OF ALABAMA STATE DRIVERS LICENSE
4.) COPY OF APPLICANT'S AUTO INSURANCE CARD
5.) ORIGINAL COPY OF MOTOR VEHICLE RECORD FOR THE LAST 24 MONTHS

I RECOMMEND A CAPF 75 FOR _____

_____DATE:_____
UNIT COMMANDER SIGNATURE SQUADRON

WING USE ONLY BELOW THIS LINE

_____ APPROVED

_____DISAPROVED

DATE ISSUED _____ CAPF 75 EXPIRATION DATE _____

_____
SIGNATURE OF ISSUING AUTHORITY