

## WISCONSIN WING VEHICLE OPERATOR'S PERMIT APPLICATION

NAME:		CAPID:
UNIT CHARTER NO.:	SEX (check one) M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH: DAY      MONTH      YEAR
STATE DRIVER'S LICENSE NO.:	ISSUING STATE:	ISSUE DATE (mo/yr): EXPIRE DATE (mo/yr):

**APPLICANT'S STATEMENT:**

I agree to operate CAP-owned vehicles and temporary-use CAP vehicles in strict compliance with all federal, state, commonwealth and local laws, regulations and ordinances governing the operation of motor vehicles. I agree to operate those vehicles in accordance with Civil Air Patrol regulations, manuals, and directives.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**PARENT OR GUARDIAN PERMISSION (FOR MEMBERS 18-21 YEARS OLD):**

I am the parent or legal guardian of the applicant and grant him/her permission to operate Civil Air Patrol vehicles. In the event of an incident/accident, I agree to hold CAP blameless.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NEW:       RENEWAL:       DATE OF CURRENT CAPF-75: \_\_\_\_\_

**UNIT COMMANDER'S APPROVAL:**

I agree that this member is qualified to drive the following vehicle(s) or has the otherwise specified qualifications: (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> SEDAN            | <input type="checkbox"/> TRUCK         |
| <input type="checkbox"/> 7-PASSENGER VAN  | <input type="checkbox"/> CDL QUALIFIED |
| <input type="checkbox"/> 12-PASSENGER VAN | <input type="checkbox"/> OTHER: _____  |
| <input type="checkbox"/> 15-PASSENGER VAN | <input type="checkbox"/> OTHER: _____  |

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**THIS SECTION IS USED BY WING HEADQUARTERS STAFF ONLY**

DATE ISSUED: \_\_\_\_\_  
ISSUED BY: \_\_\_\_\_

**INSTRUCTIONS FOR REQUESTING A CAPF 75**  
**FROM WISCONSIN WING**

1. Complete two copies of WIWG Form 5.
2. Obtain a copy of the applicant's official state driving record (usually found at the DMV/Madison).
3. Send one completed WIWG Form 5 and the original of the applicant's state driving record to the Wing Driver's Licensing Officer. (Note: Be sure to specify where the CAPF 75 should be sent if other than the normal squadron mailing address.)
4. File one completed WIWG Form 5 and a copy of the applicant's state driving record in the applicant's personnel file (ref. CAPR 77-1).