NEW YORK WING, CIVIL AIR PATROL
APPLICATION FOR CAP OPERATOR'S PERMIT

Name (Last, First, MI)	E-mail	Unit Charter	Group

PLACE COPY OF STATE DRIVER'S LICENSE HERE

PLACE COPY OF CIVIL AIR PATROL'S ID CARD HERE

☐ Attached is my Driver's license abstract.

I am familiar with Civil Air Patrol's regulations and Northeast Region's and New York Wing's supplements concerning the use of Civil Air Patrol's corporate vehicles.

_____ _____
Applicant signature **Date**

Action Number	Unit Commander	Date

Action Number	Group Commander	Date

TO BE USE BY WING HQ. ONLY

Date Received	
Date Processed	
Date Mailed	

☐ **Approved** ☐ **Denied** ☐ **Restricted** ☐ **Temporary** ☐ **Other**

Comments

_____ _____
Wing Transportation Officer **Date**