HEADQUARTERS
SOUTHWEST REGION – CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
P.O. BOX 4773
WICHITA FALLS, TX 76308-0773

Date : _____

MEMORANDUM FOR: SWR/HQ/LGT

FROM: _____

SUBJECT: Request for CAPF 75, Motor Vehicle Operator Identification Card

1. Request a CAPF 75, be issued to: _____, CAPID: _____

Attached are copies of:

A. State Driver's License, Number: _____

B. CAP ID Card, expiring on: _____

C. Driving Record Printout (dated within 30 days of this request): _____

D. Copy of current/previous CAPF 75 (if applicable), expiring on: _____

2. I certify that my driving record contains none of the disqualifying factors contained in CAPR 77-1, paragraph 5.c. I also certify that I have read CAPR 77-1. I feel I am competent to drive CAP corporate vehicles and I understand the restrictions of CAPR 77-1.

_____
(signature of applicant)

Attach copies of:

1. State Driver's License
2. CAP ID
3. 2-year Driving Record (minimum)
4. Previous CAPF 75 (if applicable)