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 _____

_____

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Wing Transportation Officer _____ **Date** _____