

**HEADQUARTERS
ROCKY MOUNTAIN REGION, CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
P.O. Box 371093
Denver, Colorado 80237-1093**

AWARD ELIGIBILITY

ACTION # _____

DATE INITIATED: _____

DATE RECEIVED: _____

NAME: _____

CAPSN: _____

OTHER AWARDS: _____

AERONAUTICAL RATING: CAPF 2a

RATING: _____

OPS OR ES APPROVAL: _____

REMARKS:

SERVICE OR ACTIVITY AWARD: CAPF 2a

TYPE OF AWARD: _____

CRITERIA: _____ WING APPROVAL: _____

REMARKS:

SENIOR PROGRAM AWARD: CAPF 24a

LEVEL II _____ LEVEL III _____ LEVEL IV _____

LEVEL V _____

REMARKS:

AWARD BOARD

DATE: _____

I certify that the above information has been verified and is correct:

BOARD MEMBER

APPROVAL

DISAPPROVAL

Chairman of Board _____

Board Member _____

Board Member _____

Alternate Board Member _____

Region Commander _____

REMARKS: _____
