

REQUEST FOR CAP DRIVER'S PERMIT (CAPF 75)

NAME	GRADE	DATE OF BIRTH
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CAPID	UNIT & CHARTER NUMBER
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CURRENT DRIVER'S LICENSE

STATE OF ISSUE	LICENSE NUMBER
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ISSUE DATE	EXPIRATION DATE	LICENSE CLASS
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TYPES OF PERMIT REQUESTED

<input type="checkbox"/> General purpose vehicles (sedans and station wagons (4-9 passenger), jeeps, and pickup trucks.
<input type="checkbox"/> Vans
<input type="checkbox"/> Cargo Trucks
<input type="checkbox"/> Buses

ATTACHMENTS

<input type="checkbox"/> Permission to operate CAP vehicles (Members under 21 over 18)
<input type="checkbox"/> Copy of State driver's record showing any and all driving infractions (CAPR 77-1)
<input type="checkbox"/> Self addressed stamped envelope for return of issued CAPF 75.

CERTIFICATION OF APPLICANT

I hereby certify that all of the above information pertaining to my State driver's license is correct, and that I have not received more than five points against my driver's license in the past two years. I also understand that I must surrender this license if my State driver's license is revoked or suspended. I understand that if this request is for any vehicle, other than general purpose vehicles, I may be required to take a driving examination from a CAP driving examiner.

Signature of Applicant

Date

CERTIFICATION OF COMMANDER

I certify that this member has my permission to operate CAP vehicles and does not represent an undue liability risk. I also request that a CAPF 75 be issued to this member. If the member is under 21 years of age, a letter of permission to operate CAP vehicles from his/her parents/legal guardians is attached

Signature of Region Commander

Date