

# WISCONSIN WING VEHICLE OPERATOR'S PERMIT APPLICATION

NAME:		CAPID:	RANK:
UNIT CHARTER NO.:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH: DAY MONTH YEAR	
STATE DRIVER'S LICENSE NO.:	ISSUING STATE:	ISSUE DATE:	EXP. DATE:

**APPLICANT'S STATEMENT:**

I agree to operate CAP-owned vehicles and temporary-use CAP vehicles in strict compliance with all federal, state, commonwealth and local laws, regulations, and ordinances governing the operation of motor vehicles. I agree to operate those vehicles in accordance with Civil Air Patrol regulations, manuals, and directives.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**PARENT OR GUARDIAN PERMISSION (FOR MEMBERS 18-21 YEARS OLD):**

I am the parent or legal guardian of the applicant and grant him/her permission to operate Civil Air Patrol vehicles. In the event of an incident/accident, I agree to hold CAP blameless.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NEW:  RENEWAL:  NUMBER OF CURRENT CAPF 75: \_\_\_\_\_

**UNIT COMMANDER'S APPROVAL:** I agree that this member is qualified to drive the following vehicle(s) or has the otherwise specified qualifications: (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> SEDAN            | <input type="checkbox"/> SUV   |
| <input type="checkbox"/> 7-PASSENGER VAN  | <input type="checkbox"/> CDL QUALIFIED                                       |
| <input type="checkbox"/> 12-PASSENGER VAN | <input type="checkbox"/> MCC (driving/transporting only)                     |
| <input type="checkbox"/> 15-PASSENGER VAN | <input type="checkbox"/> MCC (driving/transporting and set-up/use/tear-down) |
| <input type="checkbox"/> TRUCK            | <input type="checkbox"/> OTHER: _____  |

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

RANK: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

If the unit commander wants the CAP Form 75 (driver's license) sent to an address other than the mailing address listed in the current Wing roster, please supply that address below:

NAME/RANK: \_\_\_\_\_  
 SQUADRON: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_

**THIS SECTION IS USED BY WING HEADQUARTERS STAFF ONLY**

CAP FORM 75 NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
 ISSUED BY: \_\_\_\_\_

## **INSTRUCTIONS FOR REQUESTING CAP FORM 75** **FROM WIWG WILGTL**

- 1) Complete two copies of current WIWG Form 5:
  - a) Be sure to include member's CAPID and unit charter number.
  - b) Be sure to mark if this is for a NEW license or a RENEWED license.
  - c) Be sure the form is signed by all appropriate parties.
  - d) Be sure to note if CAP Form 75 needs to be sent to non-Wing roster mailing address.
  
- 2) State Driving Record can be handled two ways:
  - a) WILGTL can request a copy of the member's Wisconsin state driving record for at least the past three years from the DOT. If WILGTL has questions on anything listed on this report, he/she will contact the unit commander for clarification.
  - b) Unit/member can request a copy of the member's state driving record for at least the past three years from the DOT. If WILGTL has questions on anything listed on this report, he/she will contact the unit commander for clarification.
  
- 3) Send one completed WIWG Form 5 to WILGTL at the address listed for him/her in the current WIWG Wing roster. If no state driving record is attached, the member gives express permission for the WILGTL to request one from the Wisconsin state DOT.
  
- 4) Unit should file one completed WIWG Form 5 in the applicant's personnel file (ref. CAPR 77-1).
  
- 5) If WILGTL requested the state driving record, a copy will be sent back with the CAP Form 75 to be filed in member's personnel file with the completed WIWG Form 5. If unit requested state driving record, they should keep a copy, with the completed WIWG Form 5, in member's personnel file.