

Application for Motor Vehicle Operator Identification Card

Please type or print clearly and submit the form with original signatures (Minimum age: 18 years)

Name: _____, _____ CAP-ID: _____ Sex: _____ Age: _____
Last First MI

Address: _____ Date of Birth: _____
DD MMM YYYY

City: _____ State: _____ ZIP: _____ Phone: _____

Unit: _____ Charter: _____

State Driver License # _____ State: _____ Expiration Date: _____

State Driver License Class: _____ Endorsements: _____

State Driver License Restrictions: _____

Attach photocopy of current state driver's license (front & back)

Driving Record: Describe all convictions and/or accidents (whose fault, etc) going back 5 years:

Attach separate explanations as needed.

Attach the original copy of your Driver's Record Abstract going back 5 years.
(Request this from your local State Dept of Licensing office)

Driver's Statement:

I hereby declare that the information given above is true and correct to the best of my knowledge. I understand that giving false information or failure to follow CAP Regulations, Supplements, or Directives may result in revocation of my CAPF 75 "Motor Vehicle Operator Identification Card" and CAP driving privileges. I also authorize Washington Wing, Civil Air Patrol, or their agents to check my driving record through the State Department of Licensing.

Applicant's Signature: _____ Date: _____

Parent's or Guardian's Authorization: (Required only if applicant is under 21 years of age)

I hereby declare that the information given above by the applicant is true and correct to the best of my knowledge. I also declare and confirm that I am the parent/legal guardian of the above applicant and hereby authorize him/her to apply for a CAP Form 75 "Motor Vehicle Operator Identification Card" and operate CAP vehicles.

Parent's/Guardian's Signature: _____ Date: _____

Commander's Authorization: (Commander of unit to which applicant is assigned)

I hereby authorize the above CAP member in good standing to apply for a CAP form 75 "Motor Vehicle Operator Identification Card" and operate CAP vehicles. I also witness the applicant's and parent's/guardian's signature above.

Commander's Signature: _____ Date: _____

This area for Wing use only.

Date appl. Received _____

Date Issued: _____ CAP-VOP # _____