

Card No.: _____
Renewal Date: _____

Hqtrs. Use Only

APPLICATION FOR CAP MOTOR VEHICLE OPERATORS ID CARD

NAME: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

\_\_\_\_\_ e-mail address: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ CAPID No: \_\_\_\_\_

DRIVERS LICENSE NO.: \_\_\_\_\_  
(State) (Expires)

UNIT NAME: \_\_\_\_\_

UNIT CHARTER # : \_\_\_\_\_ GROUP: \_\_\_\_\_

VIOLATIONS DURING THE PAST TWO YEARS: \_\_\_\_\_

LIMITATIONS OF DRIVING: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

**Date of Application**

**NOTES: 1): All applicants MUST be 21 years of age; Attach the following items 2) Official Copy of DMV Driving Record, current within 30 days of application; and 3) Photocopy of your State Driver's License.**

APPROVAL OF WING, GROUP, or UNIT COMMANDER:

I hereby approve this applicant to operate CAP Vehicles.

\_\_\_\_\_  
(Signature Wing, Group or Unit Commander)

\_\_\_\_\_  
(Date)

APPROVED/DISAPPROVED: \_\_\_\_\_  
(Wing Commander)

\_\_\_\_\_  
(Transportation Officer)