

CAP PILOT APPLICATION

Last Name First Name Middle Initial Birth Date CAP ID

Level 1 Completion Date Wing/Unit

Total Time LICENSE Private Commercial ATP INSTRUMENT

Medical Issue Date 1st Class 2nd Class 3rd Class

Flight Review Date

WITHIN THE LAST FIVE YEARS, HAVE YOU:

HAD AN FAA OR CAP REPORTABLE AIRCRAFT INCIDENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAD AN FAA OR CAP REPORTABLE AIRCRAFT ACCIDENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BEEN SUBJECT TO AN FAA SUSPENSION OR REVOCATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BEEN SUBJECT TO AN FAA ENFORCEMENT ACTION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BEEN PROSECUTED FOR A DUI/DWI OR ALCOHOL RELATED MOVING VIOLATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer yes to any of the please explain on the back of this sheet the details, circumstances, and disposition of each issue and forward through channels to your wing commander for review. Provide copies of all relevant documentation of each issue.

Failure to answer these questions will result in denial of CAP flying privileges. Providing incomplete information or misrepresenting this information may result in revocation of CAP flying privileges and CAP membership termination.

Signature

Printed Name

Unit Commander Approved Disapproved

Signature

Printed Name

Group Commander Approved Disapproved

Signature

Printed Name

Wing Commander Approved Disapproved.