



CIVIL AIR PATROL, VERMONT WING

CAP Driver's License Application

Name: _____ CAP ID: _____
Address: _____ Telephone: _____
Charter NER-VT _____
Unit Name: _____

State Driver's License Number: _____ State Issued: _____
Date of Birth: _____ Sex: _____ Class: _____
Restrictions: _____ Expiration Date: _____

Has your driver's license or right to operate ever been suspended? Yes No

If yes, explain:

Have you ever been issued a ticket for driving under the influence? Yes No

If yes, explain:

In order to drive a Civil Air Patrol corporate vehicle or a private vehicle on an authorized mission, I understand that I must meet State and CAP driver's requirements. I also understand that violations of these requirements, or gross negligence on my part, may result in administrative and legal action taken against me under the provisions of CAP regulations, including, but not limited to, suspension of CAP driving privileges and pecuniary liability for any damage done to CAP vehicles.

Signature: _____
Applicant

Signature: _____
Squadron Commander

CAP USE ONLY

Remarks: _____

Date CAPF 75 Issued: _____

Issuer's Signature: _____
Issuer's Title: _____

Vermont Wing Civil Air Patrol CAP Driver's License Application Supplement

The following items must be reviewed and demonstrated by the Applicant before a CAPF 58 is submitted. Please attach this form to the VTCAPF 58.

1. Review Region Commander's Safety Policy.
2. Review vehicle and member safety.
3. Demonstrate how to fill out vehicle forms.
4. Demonstrate knowledge of CAPF 78 and 79.
5. Has knowledge of who to contact in case of an accident.
6. Has knowledge of steps to take in case of an accident.
7. Perform road test.
8. Perform vehicle inspection and fill out CAPF 73.
9. Check off which vehicle(s) the operator will be operating:
 - 8-12 passenger van
 - 15 passenger van
 - Blazer

Applicant Signature

Squadron Commander Signature

Unit

Failure to complete this form will delay the licensing process.