



**CIVIL AIR PATROL , VERMONT WING**  
**CAP Drivers License Application**

Name: \_\_\_\_\_ CAP ID NUMBER : \_\_\_\_\_

Address: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ CLASS: \_\_\_\_\_

STATE DRIVERS LICENSE NUMBER : \_\_\_\_\_ STATE ISSUED : \_\_\_\_\_

DATE STATE DRIVERS LICENSE ISSUED : \_\_\_\_\_ EXPIRATION DATE : \_\_\_\_\_

RESTRICTIONS : \_\_\_\_\_

HAS YOUR DRIVERS LICENSE OR RIGHT TO OPERATE EVER BEEN SUSPENDED YES [ ] NO [ ]

IF YES EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN ISSIED 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

MEMBER SIGNATURE : \_\_\_\_\_

SQUADRON COMMANDERS SIGNATURE: \_\_\_\_\_

CAP USE ONLY

REMARKS : \_\_\_\_\_

DATE CAPF 75 ISSUED \_\_\_\_\_ ISSUERS SIGNATURE \_\_\_\_\_

**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 can be issued.

Please attach this form to VTCAPF 58.

A copy of your State drivers license must also be attached with this application.

1. Review Region Commanders Safety Policy.
2. Review vehicle and member safety.
3. Demonstrate how to fill out vehicle form 73.
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.
9. Check off which vehicle(s) the member will be operating.

8-12 passenger van [  ]

15 passenger van [  ]

Blazer [  ]

Applicant Signature: \_\_\_\_\_

Squadron Commander Signature: \_\_\_\_\_

Squadron Number: \_\_\_\_\_

**FAIRURE TO COMPLETE THIS FORM WILL DELAY THE LICENSING PROCESS.**

SMOKING IS PROHIBITED INSIDE ALL CAP VEHICLES.

**DRIVERS SHALL NOT USE HAND-HELD CELLULAR PHONES OR TEXTING DEVICES WHILE**

**OPERATING COV'S**