

# 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?  Yes  No
  - HAD AN FAA OR CAP REPORTABLE AIRCRAFT ACCIDENT?  Yes  No
  - BEEN SUBJECT TO AN FAA SUSPENSION OR REVOCATION?  Yes  No
  - BEEN SUBJECT TO AN FAA ENFORCEMENT ACTION?  Yes  No
  - BEEN PROSECUTED FOR A DUI/DWI OR ALCOHOL RELATED MOVING VIOLATION?  Yes  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. Pilot Signature (Ink or Electronic) is REQUIRED.

Pilot Signature  **REQUIRED**

Pilot Printed Name

**Unit Commander**  Approved  Disapproved **REQUIRED**

Printed Name

Signature

**Group Commander**  Approved  Disapproved **NOT REQUIRED IF ALL ANSWERS ARE "NO"**

Signature

Printed Name

**Wing Commander**  Approved  Disapproved **NOT REQUIRED IF ALL ANSWERS ARE "NO"**

Printed Name

Signature