



**HEADQUARTERS**  
**North Dakota Wing Civil Air Patrol**  
 P.O. Box 608                      Bismarck, North Dakota 58502



\_\_\_\_\_  
Date

MEMORANDUM FOR: ND/CC

FROM: \_\_\_\_\_ Squadron

SUBJECT: Appointment of CAP Form 5 Check Pilot.

1. Request the following members of this squadron be approved as CAP Form 5 Check Pilot.
2. Members completed the National Check Pilot Standardization Course (documentation attached).
3. This roster must be updated annually.

	NAME	GRADE	CAP ID #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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

**1<sup>st</sup> Ind:**  
TO: ND/DO

\_\_\_\_\_  
Date

1. Applicants records have been reviewed. Concur with recommendation of the following applicants:
  - a. All
  - b. All except: \_\_\_\_\_

\_\_\_\_\_  
ND/DO or designee

**2<sup>nd</sup> Ind:**  
TO: ND/CC

\_\_\_\_\_  
Date

Approved/Disapproved

\_\_\_\_\_  
K. WALTER VOLLMERS Col., CAP  
Commander

Cc:  
ND/DO  
Sq/DO