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 Mission Check Pilot.

1. Request the following members of this squadron be approved as Mission 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

1st 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

2nd Ind:
TO: ND/CC

_____
Date

Approved/Disapproved

_____
K. WALTER VOLLMERS Col., CAP
Commander

Cc:
ND/DO
Sq/DO

NDWg Form 60-12 12 Nov 02 Copy as required **OPR; DO**