



North Dakota Wing

Civil Air Patrol
United States Air Force Auxiliary
P.O. Box 608, Bismarck, North Dakota 58502



MEMORANDUM FOR: Wing Commander

Date: _____

FROM: _____
(Print)

SUBJECT: ND Wing Mission Review Board

1. Members listed in paragraph three (3) have reviewed the qualifications of the member listed below, and have completed an interview with the member. The member was briefed on the policies, procedures, and responsibilities governing the position applied for, and is felt to be qualified to perform in the positions applied for.

Member Name: _____ . Member Charter Number: _____
(Print)

2. Position(s) Applying For: (Circle)

CAP Pilot, Msn Pilot, Instructor Pilot, Cadet Orientation Pilot, Check Pilot, GT Ldr, Air/Grd Ops Director , IC.

3. The review board consisted of the following (two minimum):

- | | |
|-----------------------------------|-------|
| ___ Commander | _____ |
| ___ Unit Deputy CC (Wing Vice CC) | _____ |
| ___ Operations Officer | _____ |
| ___ Safety Officer | _____ |
| ___ Instructor Pilot | _____ |
| ___ Flight Release Officer | _____ |
| ___ Mission Check Pilot | _____ |
| ___ Other Msn Qualified Members | _____ |

Unit Commander Signature

1st Ind:
TO: ND/CC

Date: _____

Approved/Disapproved

Wing Commander or Designee Signature

Attached:
Mission Training Documents (101Ts,etc)

Cc:
ND/DOS
Sq/DOS