

**REQUEST FOR CIVIL AIR PATROL
DRIVERS LICENSE
CAPForm 75**

(Date)

Request Civil Air Patrol Drivers License (CAPForm 75) be issued to the following member of this squadron.

Member must complete Level I and CPPT. CAPForm 11 has been submitted. Member is familiar with vehicle operations in North Dakota.

NAME: _____ GRADE: _____ CAP ID _____
(Print, Last,First,MI)

DATE OF BIRTH: _____ SEX _____.

*STATE LICENSE NUMBER: _____ STATE ISSUED _____.

*NOTE: If member holds out of state drivers license the drivers record must be obtained from that state and attached to this form. If a copy of the receipt is also attached the member may be reimbursed up to \$3.00 of the cost of obtaining the driver record.

Squadron Commander/Transportation Officer Signature