



NY WING CIVIL AIR PATROL

REQUEST TO USE POV ON CAP MISSIONS

In Accordance with CAPR 77-1, paragraph 1.8 b, I request permission to use my POV, below, when needed on CAP missions and activities. I understand that priority would be the use of COV when available.

Vehicle information:

Year _____

Make _____

Model _____

License plate _____

State _____

I have included a copy of my insurance card as proof of insurance and will operate the POV in accordance with NYS driving laws and CAP regulations.

Sincerely,

Sign _____

Grade / Name _____

CAPID _____

Unit Number _____

Approved Denied

Sign _____

Date _____

Thomas Carello, Colonel, CAP
Commander, New York Wing
Civil Air Patrol, USAF Auxiliary

This will be maintained in files per CAPR10-2