

Chapter 7
SELECTED FORMS AND HOW TO USE THEM

All forms should be typed or printed legibly. Most forms are available on National Headquarters, Civil Air Patrol's Web site www.cap.af.mil under "Forms."

7-1. CAPF 2, Request for Promotion Action. (Reference CAPR 35-5, *CAP Officer and Noncommissioned Officer Appointments and Promotions*.) CAPF 2, *Request for Promotion Action*, Figure 7-1, is used for requesting a promotion of a senior member. There are several methods used for promotions. Each section is discussed.

a. **Section I. Personal Data.** Each block is self-explanatory and will be the same for each method of promotion; however, the following is provided for your use:

(1) **Name** - List the name of the individual being promoted using the Last Name, First Name, Middle Initial format.

(2) **CAPSN** is the Social Security Number of the listed member.

(3) **Charter Number** is the unit number shown on the individual's membership card and/or unit charter.

(4) **Wing** is the two-letter abbreviation for your state.

(5) **Unit Name** is the full name of your host squadron until you become a stand alone unit and then you would use the full name of the unit as shown on your charter.

(6) **Current Grade** would be, in most cases, SM for Senior Member. If the action is for someone that already holds a CAP grade, then you would list the grade that is currently held.

(7) **Date of Current Grade** is the date the person was previously promoted as shown on that member's personnel record or if a Senior Member, it would be the date of membership.

(8) **Date Joined CAP** is the date the person's membership as shown on that member's records.

(9) **Current Duty Assignment** is the position the person holds within the unit. Remember that Cadet Sponsor Members cannot get promoted. You can not get promoted without an assigned position within the unit.

b. **Section II. Training Data.** This block will be the same for each method of promotion, however; the following is provided for your use. Complete all applicable blocks. All training (Levels I through IV) must be validated by the Senior Programs Officer and the

accompanying award must appear in the member's master file at National Headquarters prior to promotion. Promotions will not be processed until this has been accomplished.

(1) **Level I.** Both the Unit Orientation Course and Cadet Protection Training must be completed to satisfy the Level I requirement. The only exceptions are former cadets with the Billy Mitchell Award or former senior members who completed the Unit Orientation Course with less than a two-year membership break. These members must complete the Cadet Protection Training only in order to receive credit for Level I completion through Senior Programs. Enter the month and year completed and check the boxes in front of each.

(2) **Specialty Training.** Chaplains must complete the CAP Chaplain's Course (ECI Course 02210/CAPP 221) to qualify for promotion above the grade of captain after initial appointment. Specify technician rating in the specialty track number 221 to indicate completion of course. All others must enter the specialty track number they are currently studying in along with the month and year of the highest level completed, marking the box beside the rating. If technician rating has not been completed, leave rating area blank.

(3) **Level II, Level III, Level IV, Level V.** Enter month and year as shown on the appropriate award as listed. If the award has not been received, leave blank.

c. **Section III. Officer Grade Requested.** The first block will be the same for each method of promotion. Indicate the appropriate grade requested and check the appropriate promotion method in block (1) through (4) below. **Check only one promotion method.** For example, a member being promoted under the duty performance method should not also check mission-related skills. NOTE: Request for Lieutenant Colonel (Lt Col) must have region commander approval regardless of promotion method.

(1) **Duty Performance.** Ensure that the member has the minimum skill level (and accompanying training awards) and necessary time-in-grade for the grade recommended.

(2) **Special Appointment/Promotion.** Note that exceptional qualification promotions (waivers) require a detailed letter of justification and approval of the region commander. **THIS IS THE ONLY PROMOTION METHOD BESIDES LIEUTENANT COLONEL THAT MUST HAVE THE REGION COMMANDER'S APPROVAL.** Former members who are being recommended for grade reinstatement must meet the current training criteria for the grade requested. If this is the method being used, indicate only ONE box in this area.

(3) **Mission-Related Skill.** Promotion under this method may be made without regard to Level II training or time-in-grade. If this is the method being used, indicate only ONE HIGHEST LEVEL OF SKILL box in this area.

(4) **Professional Appointments/Promotions.** Aerospace education, medical, and legal officers are not subject to Level II training, but time-in-grade is required for promotion after the initial appointment unless higher professional qualifications are obtained which meet the initial appointment criteria for grade recommended. Chaplains must complete the ECI

Course 02210 or the technician rating in specialty track number 221 before they are eligible for promotion to major after initial appointment. Additional training for chaplains and aerospace education officers is encouraged but not required for subsequent promotion. If this is the method being used, indicate only ONE box in this area.

d. **Section IV. Flight Officer Grade Requested.** Flight officer promotions are restricted to senior members not yet 21 years of age. The wing commander may approve these promotions or promoting authority may be delegated to the group or squadron commander. If this is the method being used, indicate only ONE box in this area.

e. **Section V. Demotion Requested.** Recommendations for demotion will follow the same administrative procedures as promotions to include consideration by the appropriate promotion board. Final action rests with the promoting authority. If this is the method being used, indicate only ONE box in this area.

f. **Section VI. Action by Regional Headquarters and Below.** Reverse side of form. Used for all methods of promotion. Only the promoting authority is authorized to approve promotions and this form should bear his/her personal signature. Stamped signatures are not acceptable. Deputy commanders are authorized to approve promotions only in the prolonged absence of the commander. Promotions to the grade of lieutenant colonel and all exceptional qualifications promotions (waivers), regardless of grade recommended, require regional approval. In the block "Requested By" enter the requestor's initials. Type or print the name of the unit and the date. After the commander signs the form, then forward it to the next level of command for processing. Keep a copy in the files until the form is returned from national headquarters with new membership card. A copy of the returned form is kept in the individual's personnel file and the first copy destroyed.

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CAP 2 located in separate file, pages 5-6
FORMS, CAP2

Figure 7-1. CAPF 2, *Request for Promotion Action* (Front) Sample

Figure 7-1. CAPF2, *Request for Promotion Action* (Reverse) Sample

7-2. CAPF 2a, Request for and Approval of Personnel Actions. (Reference CAPR 35-1, *Assignment and Duty Status*.) CAPF 2a, *Request for and Approval of Personnel Actions*, Figure 7-2, is one of the most used forms in Civil Air Patrol. It is what is known as a multi-use form. You must use a different form for each action required.

a. **Section I. Personal Data.** Each block is self-explanatory, and will be the same for each use of this form; however, the following is provided for your use:

(1) **Name** - List the name of the individual personnel action request is for using the Last Name, First Name, and Middle Initial format.

(2) **CAPSN** is the Social Security Number of the listed member.

(3) **Grade** is the current CAP grade that the person holds. For example: Major, Captain, C/Airman, etc.

(4) **Charter Number** is the unit number shown on the individual's membership card and/or unit charter.

(5) **Current Duty Assignment** is the position the person holds within the unit. If the person does not currently hold a position, then show "Unassigned" in this block.

(4) **Wing** is the two-letter abbreviation for your state.

(5) **Unit Name** is the full name of your host squadron until you become a stand-alone unit and then you would use the full name of the unit as shown on your charter.

a. **Section II. Duty Assignment/Status Change.** (Reference CAR 35-1, *Assignment and Duty Status*.) If the person is currently without a position within the unit, enter UNASSIGNED after FROM and the new position after TO. If the person is going from Cadet Sponsor Member (or any other membership category) to Active Membership status, enter the current status after FROM and the new status after TO.

b. **Section III. Award of Aeronautical Rating/Mission Qualifications.** (References CAPR 35-6, *Aeronautical Ratings, Emergency Services, and Ground Team Badges*; CAPR 60-1, *CAP Flight Management*; and CAPM 50-15, *CAP Operational Missions*.) Check the top box if this is the section being used. Then check the ONE box for the rating being requested. Pilots and Observers must complete ALL applicable information requested in the area directly below the seventeen ratings.

c. **Section IV. Award of Activity and Service Ribbons.** (Reference CAPR 39-3, *Award of CAP Medals, Ribbons, and Certificates*.) Check one of the two top boxes, either "Award Activity and Service Ribbon Checked Below" or "Award of Clasp." If you are awarding a ribbon not awarded previously, check the appropriate box under "Award Activity and Service Ribbon Checked Below" or "Award of Clasp." If the ribbon has been awarded previously, check the appropriate box under "Award of Clasp." If "Other" is checked, you must specify the award.

To award a specialty track technician rating, you check "Award Activity and Service Ribbon Checked Below" box and then "Other" and indicate (by number-1) the specialty track. If the award is for a senior or master rating, then check "Award of Clasp," then "Other" and indicate the specialty track by number – 2 (senior) or –3 (master). For example, for a senior rating in Administration Specialty Track, enter 205-2.

d. **Section V. Transfer.** (Reference CAPM 39-2, *Civil Air Patrol Membership*.) The gaining unit commander should initiate the transfer request and fill out Section I with the new unit's information. If you are leaving a unit, you must be "Unassigned" on a CAPF 2a from your position prior to completing a CAPF 2a for transfer. Same holds true if you are coming into a new unit, you must transfer in on a CAPF 2a prior to completing a CAPF 2a assigning you to a position. To complete this section you need to have both your old unit's charter number and your new unit's charter number. Enter these numbers as indicated in this section.

e. **Retirement.** (Reference CAPR 35-1, *Assignment and Duty Status*.) A statement of the member's total senior service in Section VI is required. If membership was not continuous, inclusive dates of membership must be indicated. Upon approval by unit commander, the CAPF 2a is sent to national headquarters. A retired CAP member may return to active status by reapplying on CAPF 12 with fingerprint card and "RETIRED MEMBER RETURNING TO ACTIVE STATUS" across the top.

f. **Section VI. Action By Regional Headquarters and Below.** Used for all personnel actions. The requestor must sign the form, enter his/her unit charter number, and type or print name and grade of requestor prior to being submitted to the unit commander for signature. Only the commander is authorized to approve this form and should bear his/her personal signature. Stamped signatures are not acceptable. Deputy commanders are authorized to approve personnel actions only in the prolonged absence of the commander. In the block "Unit Charter No." enter the charter number of the requesting unit. Type or print the name of the unit and the date. After the commander signs the form, forward it to the next level of command for processing. Keep a copy in the files until the retirement certificate and form is returned from national headquarters with retiree membership card. A copy of the returned form is kept in the individual's personnel file and the first copy destroyed.

Located in separate file CAP 2a, page 9
FORMS, CAP2a

Figure 7-2. CAPF2a, *Request for and Approval of Personnel Actions* Sample

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7-3. CAPF 8, Requisition for Publications and Blank Forms. (Reference CAPR 5-4, *Publications and Blank Forms Management*.) CAPF 8, *Requisition for Publications and Blank Forms*, Figure 7-3, is used to request non-special (purchase items, publications from the Office of Primary Responsibility (OPR), etc.) regulations, manuals, pamphlets, forms, certificates, and tests (except the Mitchell, Earhart, Eaker, and Spaatz tests). You should inventory your stock of publication every six months and place an order for those items that need to be replaced or resupplied. Many publications are available on the National Headquarters' web site at www.cap.af.mil or you may fax the CAPF 8 or complete an electronic CAPF 8 on the web site.

- a. **Block 1. Date of Requisition.** Use the date you are ordering the items.
- b. **Block 2. Date Shipped.** Leave this block blank. It will be used by National Headquarters when the order is filled.
- c. **Block 3. From.** Enter the complete name of the unit requesting the items and the mailing address of the unit. The order will not be sent to an address that is different from the unit mailing address.
 - (1) **Block 3a. No. of Cadets.** Enter the number of cadet in the unit as shown on the unit listing.
 - (2) **Block 3b. No. of Seniors.** Enter the number of senior members in the unit as shown on the unit listing.
 - (3) **Block 3c. Charter No.** Enter the charter number of the unit as shown on the unit charter or unit listing.
- d. **Block 4. Publication or Form Number.** Enter the publication by number preceded by CAPM, CAPR, CAPP, CAPC, CAPT, or CAPVA. Do not use the title of the publication unless it does not have a number. Arrange the order in numerical sequence beginning with the lowest number requested. Keep all like items together, e.g., forms, regulations & manuals, certificates, tests, or visual aids.
- e. **Block 5. Number of Copies on Hand.** Enter the number of copies of each publication ordered that you currently have on hand. If you do not have any, you must indicate that by using zero (0). Do not order if you have a sufficient number on hand. If an item has changed, then you would enter 0 since you would not have any of the current item. Make sure the old ones have been removed from the files and destroyed.
- f. **Block 6. Number of Items Requested.** Enter the quantity of each item ordered. If the annual requirement for a particular item is 50 or less, you may order a year's supply.
- g. **Block 7. Number of Items Shipped and Block 8. Other Action.** Leave blank. These are for National Headquarters uses only.

h. **Block 9. Code.** This block shows the codes used by National Headquarters when the order is filled.

i. **Block 10. Remarks.** Whenever a replacement copy is requested, it must be fully justified in this section and requires the commander's signature. Emergency requisitions must be justified as well.

j. **Block 11. Typed Name, Grade, and Position Held.** You must type or print the name of the commander, administrative officer, or testing officer and strike out the two that the person ordering is not. These are the only ones that may place an order. **ONLY** the testing officer may order tests. The commander and administration officer may order any non-special requisitioning items. After the name, type or print the grade of the person doing the ordering. For example, JOHN Q. PUBLIC, Lt Col, CAP.

k. **Block 12. Signature of Commander, Administrative Officer, or Testing Officer.** The person whose name is listed in block 11 must sign the form.

CAP 8 located in separate file, page 13

Figure 7-3. CAPF 8, *Requisition for Publications and Blank Forms* Sample

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7-4. CAPF 12, Application for Senior Membership in Civil Air Patrol. (Reference CAPM 39-2, *Civil Air Patrol Membership*.) CAPF 12, *Application for Senior Membership in Civil Air Patrol*, Figure 7-4, **should be typed or printed.** Each block is self-explanatory; however, the following is provided for your use:

FRONT SIDE OF THE FORM

- a. **Charter Number** is the charter number of the unit the applicant wishes to join.
- b. **Social Security Number** is the nine digit number each person must have after the age of two. This will become the applicant's CAPSN.
- c. **Name.** List the name of the individual applying for membership. Use the Last Name, First Name, and Middle Initial format.
- d. **Male or Female.** Check Male or Female.
- e. **Height.** Enter applicant's height in inches.
- f. **Weight.** Enter applicant's weight in pounds.
- g. **Blood Type.** Enter applicant's blood type, if known.
- h. **Date of Birth.** Enter applicant's birth date using the **DAY, MONTH, YEAR** format. It is helpful to use the three letter abbreviation for each month (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, or Dec) to avoid confusion.
- i. **Mailing Address.** Enter the applicant's complete mailing address using the blocks provided for number and street, apartment (if applicable), city, state (use the two letter abbreviation), and zip code (ZIP + 4 if known).
- j. **Home Phone.** Enter the applicant's home telephone number with the area code in the brackets.
- k. **Next of Kin.** Enter the name, address, relationship, and phone number with area code in the brackets in the blocks provided of the applicant's closest living next of kin.
- l. **Member Most Responsible For Your Joining CAP.** Enter the name, CAPSN and charter number of the CAP member that recruited the applicant.
- m. **Employed By.** Enter the applicant's employer, position held, work phone number with area code in the brackets, and indicate if the applicant may be called at work in the blocks provided.

n. **Education.** Indicate the applicant's highest level of education by circling the year completed. Also indicate the degree received, if applicable and the profession/teaching certificate number, if applicable the appropriate blocks provided.

o. **FCC License.** Check either of the FCC licenses and provide the license number and/or amateur call sign, if applicable, in the appropriate provided blocks.

p. **Aircraft Owner.** Complete only if applicant is an aircraft owner. Check the appropriate box and enter the model and aircraft number in the block provided.

q. **Voluntary Statistical Information.** This information is not required for membership, but is used for demographic research only. Mark the appropriate box in A and B.

r. **Background Information.** Each of these questions must be answered. If the question B – D does not apply, enter "NONE." Under A. Citizenship, applicant must possess current alien registration receipt card.

s. **Applicant Signature.** After reading statement directly above the signature block and the oath on the reverse side of the form, sign the form and enter the current date in the block provided.

t. **Charter, Unit Name, and Address.** This area is to be filled out by the unit commander or designated representative.

REVERSE SIDE OF THE FORM

s. **What CAP Activities Are You Most Interested In?** Check all the areas that apply and list any additional skills or interest which might be helpful to the CAP unit.

CAP 12 located in separate file, pages 17-18
Forms, CAP12

Figure 7-4. CAPF 12, *Application for Senior Membership in Civil Air Patrol* (Front) Sample

Figure 7-4. CAPF 12, *Application for Senior Membership in Civil Air Patrol* (Reverse) Sample

7-4a. FD-258, FBI Fingerprint Card. (Reference CAPM 39-2, *Civil Air Patrol Membership*.) FD-258, *FBI Fingerprint Card*, Figure 7-4a, MUST accompany all CAPF 12, *Application for Senior Membership in Civil Air Patrol*, unless a rejoining member with less than two years separation. Only the FD-258 imprinted with "ALAFCAPOZ, CAP, Maxwell AFB, AL" may be used. Any other fingerprint card will be returned. Check with the local police and/or sheriff department to see if they will do the fingerprinting for your unit if you provide the fingerprint card. Fill out only the blocks as they apply to the applicant. All information must be typed or printed in black ink. This card MAY NOT BE FOLDED, STAPLED, OR MUTLILATED IN ANY WAY.

- a. **Name.** Last name, first name, and middle name.
- b. **Aliases.** Include any name that the applicant has been know by other than the name at the top.
- c. **Citizenship.** Country of citizenship of applicant.
- d. **Your No., FBI No., Armed Forces No., Social Security No., and Miscellaneous No.** Complete only the blocks that apply. Social Security number should be completed by all. FBI Number, if known, should always be furnished in the appropriate space. Miscellaneous number would be other armed forces number, passport number, alien registration number, port security card number, selective service number, or veterans' administration claim number.
- e. **Sex, Race, Height, Weight, Eyes, Hair.** Indicate the appropriate information for these area. All areas to be completed. Height in inches and weight in pounds.
- f. **Date of Birth and Place of Birth.** The date of birth is in a different format than the CAPF 12, so be careful. Again, to avoid confusion, use the three letter abbreviation for the month, e.g., Aug 02 41. Show the city/town and state of applicant's birth.
- g. **Signature of Person Fingerprinted and Residence of Person Fingerprinted.** The applicant must sign the card and indicate complete home address in the blocks provided.
- h. **Date and Signature of Official Taking Fingerprints.** This is to be completed by the person taking the fingerprints not the person getting fingerprinted.
- i. **Charter Number.** Ensure that the charter number of the unit applicant wishes to join is entered.
- j. The rest of the form is for the fingerprints. Only those individuals qualified to take fingerprints may complete this card. Once completed, attach it to the CAPF 12 (with a paperclip).

To ensure that the fingerprint card will be acceptable, make sure that all applicable areas are completed and all the fingerprints are clear and classifiable. Some of the most common errors for a fingerprint card to be returned are:

- a. Fingers not rolled nail to nail.
- b. Finger print(s) smeared.
- c. Too dark (too much ink used).
- d. Card not signed.
- e. Individual's sex not indicated.
- f. Birth date omitted.
- g. Social Security Number (SSN) omitted.
- h. All 10 prints must be classifiable.

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7-5. CAPF 13, CAP Aerospace Education Membership Application. (Reference CAPM 39-2, *Civil Air Patrol Membership*.) CAPF 13, *CAP Aerospace Education Membership Application*, Figure 7-5, is the application for those that wish to join as Aerospace Education Members and meet the requirements for this membership category as listed on the reverse side of this form.

a. **Social Security Number.** This is the nine-digit number that everyone must have after the age two.

b. **Name.** Enter the applicant's full name.

c. **Residence Address.** Enter the complete mailing address of the applicant.

d. **Home Phone and Business Phone.** Enter the complete home and business phone numbers complete with area code first in brackets.

e. **Sex and Birth Date.** Indicate applicant's sex and birth date using the three letter abbreviation for the month.

f. **Education, Employment, Experience, and Classroom Teaching Level(s).** Check all applicable boxes as they apply to the applicant.

g. **Aerospace Education Member.** Enter the required information if applying under this category.

h. **Student Aerospace Education Member.** Enter the required information if applying under this category.

i. **Background.** Check all appropriate boxes and attach any sheets with explanation, if needed.

j. **Membership Fee.** Check which category applicant is applying under and method of payment.

k. **Signature of Applicant.** Sign and date the form. After attaching all required material, mail to address as shown on the form.

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CAP 13, located in separate file, page 25

Figure 7-5. CAPF 13, *CAP Aerospace Education Membership Application* Sample

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7-6. CAPF 15, Application for Cadet Membership in Civil Air Patrol. (Reference CAPM 39-2, *Civil Air Patrol Membership*.) CAPF 15, *Application for Cadet Membership in Civil Air Patrol*, Figure 7-6, **must be typed or printed.** Each block is self-explanatory; however, the following is provided for your use:

FRONT SIDE OF THE FORM

- a. **Charter Number** is the charter number of the unit the applicant wishes to join.
- b. **Social Security Number** is the nine digit number each person must have after the age of two. This will become the applicant's CAPSN. If a person does not have a SSN, check with National Headquarters/DP for alternative number.
- c. **Name.** List the name of the individual applying for membership. Use the Last Name, First Name, and Middle Initial format.
- d. **Male or Female.** Check Male or Female.
- e. **Height.** Enter applicant's height in inches.
- f. **Weight.** Enter applicant's weight in pounds.
- g. **Blood Type.** Enter applicant's blood type, if known.
- h. **Date of Birth.** Enter applicant's birth date using the **DAY, MONTH, YEAR** format. It is helpful to use the three letter abbreviation for each month (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, or Dec) to avoid confusion.
- i. **Mailing Address.** Enter the applicant's complete mailing address using the blocks provided for number and street, apartment (if applicable), city, state (use the two letter abbreviation), and zip code (ZIP + 4 if known).
- j. **Home Phone.** Enter the applicant's home telephone number with the area code in the brackets.
- k. **Next of Kin.** Enter the name, address, relationship, and phone number with area code in the brackets in the blocks provided of the applicant's closest living next of kin.
- l. **Member Most Responsible for Your Joining CAP.** Enter the name, CAPSN and charter number of the CAP member that recruited the applicant.
- m. **School Presently Attending and Grade.** Enter the complete name of the school applicant is currently attending. If the applicant is applying during the summer and will be attending a different school in the fall, use the name of the school applicant will be attending in

the fall. Enter the current school grade of applicant. If during summer, enter the school grade applicant will be attending in the fall.

n. **Background Information.** Indicate the required information in all that apply. If not a former CAP member, enter "None" where indicated.

o. **Applicant Signature, Date, Parent or Legal Guardian Name, Signature, and Date.** Applicant must sign the form legibly in the indicated block and date the form. Print or type the full name of the parent or legal guardian. The parent or legal guardian must sign the form in the indicated block and date the form.

p. **Charter, Unit Name, and Address.** This area is to be filled out by the unit commander or designated representative.

REVERSE SIDE OF THE FORM

q. **Health Certificate.** The parent or legal guardian of the applicant must complete this first section. If any of the boxes are marked "Yes" then an examination by a physician is required. The parent or legal guardian must sign and date the form. If a examination is required, then the physician must indicate the category of physical fitness of the applicant, sign and date the form and indicate the address and phone number of the physician.

CAP 15 located in separate file pages 29-30

Figure 7-6. CAPF 15, *Application for Cadet Membership in Civil Air Patrol* (Front) Sample

Figure 7-6. CAPF 15, *Application for Cadet Membership in Civil Air Patrol* (Reverse) Sample

7-7. CAPF 24, Application for Senior Program Awards. (Reference CAPR 50-17, *CAP Senior Member Training Program*.) CAPF 24, *Application for Senior Program Awards*, Figure 7-7, requires attachment of copies of supporting documents if completion is not reflected on current Senior Training Report (STR). Each block is self-explanatory; however, the following is provided for your use:

a. **Name.** List the name of the individual requesting the senior program award using the Last Name, First Name, Middle Initial format.

b. **CAP Grade.** Enter the current grade, e.g., Major, Captain, Lt Col, etc.

c. **CAP Serial Number** is the Social Security Number of the listed member.

d. **Member's Address.** Enter the complete address of the listed member.

e. **Unit Name** is the full name of your host squadron until you become a stand alone unit and then you would use the full name of the unit as shown on your charter.

f. **Charter Number** is the unit number shown on the individual's membership card and/or unit charter.

g. **Wing** is the two-letter abbreviation for your state.

h. **Senior Member Certificate of Proficiency – Level II**

(1) **Completed Level I Orientation Course.** Enter the date Level I (including Cadet Protection Policy Tape) was completed.

(2) **Completed Squadron Leadership School (SLS).** Enter SLS name and the date completed. Equivalent courses are no longer authorized.

(3) **Completed ECI Course 13, CAP Senior Officer Course or equivalent course.** Enter the course name and date completed. CAP members who have completed a Professional Military Education (PME) school equivalent to the CAP Senior Officer Course may use this equivalent as a substitute. See CAPR 50-17 for list of accepted courses.

(4) **Specialty Track Code Number and Numerical Rating.** Enter the specialty track currently entered in along with the numerical rating of the Technician level completed. For example, 200-1 (this would indicate Personnel Specialty Track, Technician Rating). For a list of Specialty Tracks see CAPR 50-17. Ratings are: 1-Technician; 2-Senior; and 3-Master.

(5) Individuals who have completed the requirements for the Brig Gen Charles E. "Chuck" Yeager Aerospace Education Achievement Award are eligible to receive a special Yeager Award embossed seal affixed to their Certificate of Proficiency. To receive the seal, list month and year of Yeager Award completion.

i. **Grover Loening Aerospace Award – Level III**

(1) **Certificate of Proficiency.** Enter the date of the Certificate of Proficiency as shown on the certificate.

(2) **Command or Staff Assignment.** Enter the beginning and end (or "Present" if still in the position) of the command or staff assignment. Must be at least one year.

(3) **Completed Corporate Learning Course (CLC).** Enter CLC and the date completed. Equivalent courses are no longer authorized.

(4) **Specialty Track Code Number and Numerical Rating.** Enter the specialty track currently entered in along with the numerical rating of the Technician level completed. For example, 200-2 (this would indicate Personnel Specialty Track, Senior Rating).

(5) **Attend Two National, Region, or Wing Conferences.** Enter the dates and types of conferences attended.

j. **Paul E. Garber Award – Level IV**

(1) **Grover Loening Aerospace Award.** Enter the date of the Grover Loening Award as shown on the certificate.

(2) **Command or Staff Assignment.** Enter the beginning and end (or "Present" if still in the position) of the command or staff assignment. Must be at least two years.

(3) **Completed Region Staff College (RSC) or Equivalent Course.** Enter the name of the course and the date completed. Equivalent courses are listed in CAPR 50-17.

(4) **Specialty Track Code Number and Numerical Rating.** Enter the specialty track currently entered in along with the numerical rating of the Technician level completed. For example, 200-2 (this would indicate Personnel Specialty Track, Senior Rating).

(5) **Staff Member at a Two National, Region, or Wing Conferences or as a Staff Member at a SLS or CLC.** Indicate type, position and date.

(6) **Presentation to a Non-CAP Group on a CAP-Related Subject or Prepare an Aerospace Manuscript for Publication.** Enter the date, subject or presentation and group it was presented to.

k. **Gill Robb Wilson Award – Level V**

(1) **Paul E. Garber Award.** Enter the date of the Paul E. Garber Award as shown on the certificate.

(2) **Command or Staff Assignment.** Enter the beginning and end (or "Present" if still in the position) of the command or staff assignment. Must be at least three years.

(3) **Completed National Staff College (NSC) or Equivalent Course.** Enter the name of the course and the date completed. Equivalent courses are listed in CAPR 50-17.

(4) **Conduct Level I Course.** Enter the date Level I was conducted by the member.

(5) **SLS or CLC Director or Staff Member for a RSC or NSC.** Enter the position and date of appropriate area.

1. The applicant and unit commander must sign all requests. Wing commander must sign if applying for any other award except Senior Member Certificate of Proficiency. Additionally, the region commander must sign for the Gill Robb Wilson Award.

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CAP 24 located in separate file, page 35

Figure 7-7. CAPF 24, *Application for Senior Program Awards* Sample

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7-8. CAPF 27, Organization Action. (Reference CAPR 20-3, *Charters and Other Organization Actions*.) CAPF 27, *Organization Action*, Figure 7-8, is used to request a unit charter. Each block is self-explanatory; however, the following is provided for your use:

- a. **Wing.** Enter the Wing the unit is in.
- b. **Wing Control #.** Leave this block blank. Must be filled in by Wing Headquarters.
- c. **Date.** Leave this block blank. Must be filled in by Wing Headquarters.
- d. **Charter Number.** If the changes are for an established unit, enter the unit charter number. If this action is for a new unit, leave blank. If you wish to request a particular charter number and the number is not being used (check with national headquarters personnel for availability and approval), enter that number in this block. Add above the block in red "Request This Number – Approved by National/DP."
- e. **Unit Name.** Enter the name of the existing unit or the proposed name of the new unit.
- f. **Section I. Unit Changes.** If this form is being used for changes in current unit information, check the appropriate box(es) indicating the area(s) of change. Then complete the area (on the right) indicated next to the checked box.
- g. **Redesignation.** Complete this area if current unit is changing the type of unit. Check the appropriate box.
- h. **Activation.** Use this area if starting a new unit. Check the box, unit commander must sign in specified space, and complete ALL areas on the right. If there is no sponsoring organization enter "NONE."
- i. **Deactivation.** This area is to be completed by the wing commander or vice wing commander only.
- j. Typed name and grade of wing commander (or vice commander) must be entered in indicated area and signed.

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ORGANIZATION ACTION		WING	WING CONTROL #	DATE	CHARTER NUMBER (If assigned)
UNIT NAME			COMPLETE APPLICABLE ITEMS ONLY		
I. UNIT CHANGES			1. UNIT COMMANDER		
<i>Complete blocks specified for change indicated:</i> <input type="checkbox"/> Commander (Block 1) <input type="checkbox"/> Mailing Address (Block 2) <input type="checkbox"/> Meeting Place (Block 3) <input type="checkbox"/> Meeting Day/Time (Block 4) <input type="checkbox"/> Unit Name (Block 5) <input type="checkbox"/> Other Items, Specify		Unit Commander's Name (Last, First, MI)		C/AFSN	
II. REDESIGNATION			Area Code Home Phone Work Phone		
<i>Unit redesignated as follows:</i> <input type="checkbox"/> CADET <input type="checkbox"/> SENIOR <input type="checkbox"/> COMPOSITE <input type="checkbox"/> FLIGHT		Permission to contact at work: <input type="checkbox"/> Yes <input type="checkbox"/> No, I prefer to be contacted at home.			
III. ACTIVATION			2. UNIT MAILING ADDRESS		
<input type="checkbox"/> Request Charter. (Complete <u>all</u> items on right side of form.) I agree to operate the unit in compliance with the purposes and objectives of the Civil Air Patrol as set out in its charter, Constitution, Bylaws, and other directives and authorize the inclusion of this unit in the Civil Air Patrol roster of units for which it annually makes application for group exemption from Federal income taxes.		Mailing Address			
Signature of Unit Commander _____		City State Zip +4			
IV. DEACTIVATION			3. UNIT MEETING PLACE		
<input type="checkbox"/> The above unit is deactivated for the reasons outlined on the reverse side of this form. Remaining members are to be transferred to charter number _____. By signature of this form below, I certify that there has been a proper accounting of all unit funds as evidenced by a closing financial report (CAP Form 173). Reference CAPR 173-1. I also certify that any real property (land, buildings) has been properly transferred and equipment and supplies inventoried and transferred as evidenced by CAP Forms 37.		Street Address			
		City State Zip +4			
		4. MEETING DAY/TIME			
		Meeting Day Time			
		5. UNIT NAME CHANGE			
		New Name			
		6. NAME OF PERSON ORGANIZING UNIT			
		7. SPONSORING ORGANIZATION			
		8. TYPED NAME AND GRADE OF WING COMMANDER (OR VICE)			
		9. SIGNATURE OF WING COMMANDER (OR VICE)			

Figure 7-8. CAPF 27, Organization Action Sample
7-39

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7-9. CAPF 45, Senior Member Master Record. (Reference CAPM 39-2, *Civil Air Patrol Membership*.) CAPF 45, *Senior Member Master Record*, Figure 7-9, is the master record for the senior member named on the form. This form is approximately 11 x 17 inches folded to become a file folder. It should be kept up to date at all times and filed in the member's personnel file. It is important that each member be encouraged to keep everything that has his or her name and Civil Air Patrol on it in a personnel file at home as a backup for the "official" file. Then if something happens to the unit file, they are able to reconstruct the file or furnish copies of missing documents.

a. Since this form is lengthy and would not serve any purpose to detail each item, the following information will be directed to the areas that require special explaining.

(1) There are certain areas that should be completed in pencil to allow ease of change. They are grade (4), unit (7), and charter number (8). These are listed at the top of the form. On the inside under PERSONAL INFORMATION, home address (21), unit (22), weight (24), color of hair (27), and next of kin (28) should also be in pencil.

(2) The form has three areas for additional information. The one on the front of the form, OTHER INFORMATION (14), should be used for listing additional duties of a temporary nature with the permanent staff assignments being listed in LEADERSHIP ROLE HELD WITHIN UNIT (10). On page 2 (top inside), FURTHER INFORMATION (37), should be used for additional personal information. The large one on the back, OTHER, should be used for any additional information not listed on other parts of the form or a continuation of an area that is completely filled.

(3) The rest of the form is self-explanatory. It is important that as many accomplishments as possible be entered on the master record.

b. If a section of the master record becomes full, it is permissible to make a copy of that "page," staple it over the page at the top and continue the form. This will become necessary for those members that are extremely active or in the program for a long time.

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Other Training (Cont'd)

HOCAPR-181700.M

Figure 7-9. CAPF 45, Senior Member Master Record (4 of 4) Sample

7-10. CAPF 45b, Senior Member Training Record. (Reference CAPF 50-17, *CAP Senior Member Training Program*.) CAPF 45b, *Senior Member Training Record*, Figure 7-10, is the place to track the progression of the senior member training. Make sure the member has a copy of the CAPF 45b to keep at home for keeping track of his/her accomplishments in training.

a. As on the CAPF 45, enter the information for Grade (4), Unit (7), and Charter Number (8) in pencil for ease of changing.

b. This form just requires dates to be entered upon completion of each item of training. The personnel officer or senior training officer may verify the dates based on proper documentation provided by the member. A copy of the documentation should be placed in the member's personnel file.

c. This is an excellent method for tracking the progression of the member's training and knowing when they are eligible for one of the senior member training awards.

d. The area on the lower right is for tracking the specialty track progressions. You may train in several tracks at the same time provided that you are assigned to all the positions. For example, one person often does personnel and administration simultaneously and could do both specialty tracks at the same time. Enter the date each level is completed.

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LAST NAME		FIRST NAME	MI	GRADE	SSN	DATE ENTERED CAP	CHARTER NO.
SENIOR MEMBER TRAINING RECORD							
<i>DIRECTIONS:</i>							
1. Level I—Orientation Course is required except as outlined in CAPM 50-17 for Mitchell Award Recipients. Cadet Protection Training cannot be waived for any senior member.							
2. Level II, V—Enter date activity was completed. Unit commander certifies by initialing.							
3. Specialty Training—Enter date training level was attained. Unit commander initials block.							
LEVEL I—INTRODUCTION		ORIENTATION COURSE OR MITCHELL AWARD DATE COMPLETED		CADET PROTECTION TRAINING DATE COMPLETED		CERTIFICATION	
ACTIVITY		DATE COMPLETED		DATE COMPLETED		CERTIFICATION	
Squadron Leadership School (SLS)							
BCI Course 13 or equivalent							
Specialty Technician Rating							
LEVEL III—MANAGEMENT		DATE COMPLETED		DATE COMPLETED		CERTIFICATION	
Command/Staff Position for One Year							
Corporate Learning Course (CLC)							
Attend two National (N), Regional (R), Wing (W) Conferences		1, 2,					
Specialty Senior Rating							
LEVEL IV—COMMAND AND STAFF		DATE COMPLETED		DATE COMPLETED		CERTIFICATION	
Command/Staff Position for Two Years							
Region Staff College or equivalent (CAPM 50-17)							
Serve as a staff member at National, Region, or Wing Conference, or							
Serve as staff member or presenter at SLS or CLC.							
Prepare & present a CAP presentation to a non-CAP group on a CAP-related subject or prepare an aerospace manuscript for publication							
Specialty Master Rating							
LEVEL V—EXECUTIVE		DATE COMPLETED		DATE COMPLETED		CERTIFICATION	
Command/Staff Position for Three Years							
National Staff College (NSC) or equivalent (CAPM 50-17)							
Other Training, e.g., SAR Schools, Communications Schools, CAP Form 101 Qualification, AEP5M, BCI Courses, etc. (see reverse)							
SPECIALTY TRAINING		TECHNICIAN		SENIOR		MASTER	
CODE/SUBJECT							
200 Personnel							
201 Public Affairs							
202 Finance							
203 Inspector							
204 Senior Program							
205 Administration							
206 Logistics							
210 Flight Operations							
211 Operations							
212 Standardization-Evaluation							
213 Emergency Services							
214 Communications							
215 Aerospace Education							
216 Cadet Program							
217 Safety							
218 Plans and Programs							
219 Legal							
220 Medical							
221 Chaplain							
223 Historian							

PREVIOUS EDITIONS WILL BE USED.

CAP FORM 45b, OCT 94

Figure 7-10. CAPF 45b, Senior Member Training Record Sample

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7-11. CAPF 50, *Cadet Progression Evaluation*. (Reference CAPR 52-16, *Cadet Program Management*.) CAPF 50, *Cadet Progression Evaluation*, Figure 7-11, applies to cadet or composite squadrons only. Completion of a Cadet Progression Evaluation (CPE) is MANDATORY for each cadet before completion of each Phase (more often if the squadron commander desires). Evaluators will be designated by the squadron commander in advance. CPE is OPTIONAL at the completion of National/Region/Wing/local activities (forward a copy to cadet's squadron commander within 45 days of activity end). Place an "X" to indicate evaluation of performance in each category using the key on the form. Base evaluations on the requirements of the cadet's current Phase or activity. Rate cadets against other cadets of the same Phase, age or position. It is MANDATORY to review this evaluation with the cadet. Make remarks as appropriate. An unsatisfactory in any category requires a reevaluation within 30 days and correction to at least SATISFACTORY. Disagreements with ratings may be appealed to the squadron (or activity) commander whose decision is final. After the squadron (or activity) commander signs the form, the form is placed in the cadet's personnel file. The deputy commander for cadets may sign for the squadron commander. Each block is self-explanatory; however, the following is provided for your use:

a. **Name.** List the name of the individual being evaluated using the Last Name, First Name, Middle Initial format.

b. **CAP Grade.** Enter the current grade the cadet holds. For example: C/Airman, C/Senior Airman, etc.

c. **Current Leadership Position Held.** Enter the current position held by the cadet being evaluated.

d. **Reason for Evaluation.**

(1) **Promotion Review.** Check this block, if review is for promotion and enter the achievement number the cadet holds currently.

(2) **Periodic Review.** Check this block, if the review is a periodic review.

(3) **Activity Generated.** Check this block, if the review is for performance during an activity. Enter the name of the activity.

e. **Evaluation Inclusive Dates.** Enter the beginning and ending dates of the period of review.

f. **Military Characteristics.** Using the grading chart, rate the items requested and enter any remarks as appropriate in the space provided.

g. **Leadership.** Using the grading chart, rate the items requested and enter any remarks as appropriate in the space provided.

h. **Personal Traits.** Using the grading chart, rate the items requested and enter any remarks as appropriate in the space provided.

i. **Overall Evaluation.** Using the grading chart, rate the overall evaluation and enter factual and specific remarks as appropriate in the space provided.

j. **Additional Positive Feedback.** Use this area enter any additional positive feedback remarks as appropriate.

k. **Areas That May Require Improvement.** Use this area to indicate the areas that may need improvement as appropriate.

l. **List the Positions the Cadet Has Held During This Rating Period.** Enter all positions the cadet held during the evaluation period as shown in the Evaluation Inclusive Dates.

m. **List the CAP Activities in Which the Cadet Has Participated During This Rating Period.** Enter all activities that the cadet participated in during the period as shown in the Evaluation Inclusive Dates.

n. **Promotion Recommendation.** Check this block if this evaluation will be used as part of a promotion review and enter the achievement number the cadet is going into. Also check the appropriate block "promote" or "not ready at this time."

o. **Activity Completion.** Check this block if this evaluation will be used as of a Civil Air Patrol activity review and check the appropriate block "passed" or "did not pass."

p. **Signatures.** The name and grade of the evaluator, evaluated cadet, and approving commander must be printed and dated with each appropriate area signed by the appropriate individual.

CADET PROGRESSION EVALUATION							
LAST NAME, FIRST NAME, MIDDLE INITIAL		CAP GRADE	CURRENT LEADERSHIP POSITION HELD				
REASON FOR EVALUATION			EVALUATION INCLUSIVE DATES				
<input type="checkbox"/> PROMOTION REVIEW ACHIEVEMENT #:	<input type="checkbox"/> PERIODIC REVIEW SEE INCLUSIVE DATES	<input type="checkbox"/> ACTIVITY GENERATED ACTIVITY NAME:	FROM	TO			
<p>INSTRUCTIONS: Completion of a Cadet Progress Evaluation (CPE) is MANDATORY for each cadet before the completion of each Phase (more often if the squadron commander desires). Evaluators will be senior members or cadets of a higher grade than the cadet being evaluated. The evaluators will be designated by the squadron commander in advance. CPE is OPTIONAL at the completion of National/Region/Wing/local activities (forward a copy to cadet's squadron commander within 45 days of activity end). Place an "X" to indicate evaluation of performance in each category using the key below. Base evaluations on the requirements of the cadet's current Phase or activity. Rate cadets against other cadets of the same Phase, age or position. Make remarks as appropriate. It is MANDATORY to review this evaluation with the cadet. An unsatisfactory in any category requires a reevaluation within 30 days and correction to at least SATISFACTORY. Disagreements with ratings may be appealed to the squadron (or activity) commander whose decision is final. After the squadron (or activity) commander signs the form, the form is placed in the cadet's personnel file. The deputy commander for cadets may sign for the squadron commander.</p> <p>O = OUTSTANDING: Performance is carried out in a far superior manner; the cadet is of exceptional merit. E = EXCELLENT: Exceeds standards; performance carried out in a superior manner. S = SATISFACTORY: Meets the training standards, satisfactory performance relatively free of deficiencies. M = MARGINAL: Performance does not meet some standards; deficiencies exist that need improvement. U = UNSATISFACTORY: Definitely has failed to meet the requirements; needs immediate improvement.</p>							
MILITARY CHARACTERISTICS							
APPEARANCE (<i>Uniform neat, clean, and properly worn; clean shaven; hair IAW CAPM 39-1; shoes shined</i>) Remarks:			O	E	S	M	U
MILITARY BEARING (<i>Respects CAP customs and traditions; uses good manners; participates properly in drill and ceremonies</i>) Remarks:			O	E	S	M	U
LEADERSHIP							
ATTITUDE TOWARD TRAINING (<i>Understands his/her leadership role; takes duties seriously; attentive; does his/her best to improve; respects authority; follows the leadership of others</i>) Remarks:			O	E	S	M	U
INTERPERSONAL SKILLS (<i>Has respect and support of peers, subordinates & superiors; leads instead of drives; cooperates; makes his/her ideas clear to others; works well with others</i>) Remarks:			O	E	S	M	U
SENSE OF RESPONSIBILITY (<i>Dependable, prompt, accurate, and thorough; uses good judgement and common sense; accepts personal responsibility</i>) Remarks:			O	E	S	M	U
PERSONAL TRAITS							
INTEGRITY (<i>Adheres to high moral standards; is reliable, honest, trustworthy, loyal, courageous</i>) Remarks:			O	E	S	M	U
ENTHUSIASM (<i>Has intense interest in task at hand; is cheerful & optimistic; is willing to perform a job</i>) Remarks:			O	E	S	M	U
SELF-CONFIDENCE (<i>Has self-assurance based on genuine knowledge and ability; makes sound decisions; decisive</i>) Remarks:			O	E	S	M	U
INITIATIVE (<i>Performs duties with a minimum of instruction; thinks independently; is resourceful; possesses drive</i>) Remarks:			O	E	S	M	U

CAP FORM 50 DEC 98 PREVIOUS EDITIONS WILL NOT BE USED.

Figure 7-11. Cadet Progression Evaluation (Front) Sample

OVERALL EVALUATION <i>(Be factual and specific. Prepare comments below which will increase the objectivity of the rating)</i>		O E S M U
ADDITIONAL POSITIVE FEEDBACK		
AREAS THAT MAY REQUIRE IMPROVEMENT		
List the positions the cadet has held during this rating period:		
List the CAP activities in which the cadet has participated during this rating period:		
<input type="checkbox"/> This evaluation will be used as part of a promotion review for achievement number: _____ PROMOTION RECOMMENDATION: <input type="checkbox"/> PROMOTE <input type="checkbox"/> NOT READY AT THIS TIME		
<input type="checkbox"/> This evaluation will be used as part of a Civil Air Patrol activity: _____ ACTIVITY COMPLETION: <input type="checkbox"/> PASSED <input type="checkbox"/> DID NOT PASS		
SIGNATURES		
NAME & GRADE OF EVALUATOR (PRINTED)	SIGNATURE	DATE
NAME & GRADE OF EVALUATED CADET (PRINTED)	SIGNATURE	DATE
NAME & GRADE OF APPROVING COMMANDER (PRINTED)	SIGNATURE	DATE

CAP FORM 50 DEC 98 (Reverse)

Figure 7-11, *Cadet Progression Evaluation (Reverse) Sample*

7-12. CAPF 53, Signature Verification Card. (Reference CAPR 50-4, *Test Administration and Security*.) CAPF 53, *Signature Verification Card*, Figure 7-12, applies to cadet or composite squadrons only. You should prepare this form in sufficient quantity for each level of command except region plus one for the unit files. **ALL SIGNATURES MUST BE ORIGINAL SIGNATURES WITH TYPED NAME AND GRADE ABOVE.**

a. Each CAP cadet or composite squadron must submit a CAPF 53 with the name and signature of the current commander, deputy commander for cadets (composite squadrons), test control officer, and alternate test control officer.

b. Individuals who serve in dual capacity should sign only for the highest position.

c. This form is used to verify successful completion of cadet achievements and tests associated with those achievements.

d. Forward the form to CAP National Headquarters/CP and each level of command involved. A new CAPF 53, with all signatures, must be forwarded immediately by the squadron directly to CP and all levels of command involved when any listed individuals change.

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TYPED NAME AND GRADE OF UNIT COMMANDER		
SIGNATURE OF UNIT COMMANDER		
TYPED NAME AND GRADE OF DEPUTY COMMANDER FOR CADETS (COMP SQDNS ONLY)		
SIGNATURE OF DEPUTY COMMANDER FOR CADET (COMP SQDNS ONLY)		
TYPED NAME AND GRADE OF TESTING OFFICER		
SIGNATURE OF TESTING OFFICER		
TYPED NAME AND GRADE OF ALTERNATE TESTING OFFICER		
SIGNATURE OF ALTERNATE TESTING OFFICER (MAY NOT SIGN CADET CONTRACTS)		
UNIT CHARTER NO.	UNIT NAME	DATE

Front

<p>SIGNATURE VERIFICATION CARD</p> <p>The individuals on the reverse of this form are authorized to order and administer CAP examinations as prescribed by CAP directives. Persons appointed previously are hereby relieved of this duty. These individuals have read and understand CAPR 280-1.</p> <p><small>CAP FORM DEC 74 53 PREVIOUS EDITION IS OBSOLETE</small></p>

Back

Figure 7-12. CAPF 53, *Signature Verification Card* Sample

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7-13. CAPF 55a, Request for Examination. (Reference CAPR 50-4, *Test Administration and Security* and CAPR 52-16, *Cadet Program Management*.) CAPF 55a, *Request for Examination*, Figure 7-13, is used to order the cadet program milestone award tests, if the appropriate test is not on hand. This form is the ONLY way to order the Spaatz Award test. For information on ordering this particular test, see the referenced publications above.

- a. The left side of the form is the only portion that a unit may use except for the Spaatz Award test. All entries must be typed or printed.
- b. Enter the unit charter number in block provided.
- c. Enter the squadron name and full mailing address in the appropriate block.
- d. Circle the requested tests and answer keys.
- e. Unit commander or testing officer only as shown on CAPF 53 must sign form.
- f. When ordering the Spaatz Award test, fill in the top three lines only on the right side of the form and send to the wing liaison officer.

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Form 55a Received:		DO NOT WRITE IN SHADED AREA.		Exam Shipped:																													
REQUEST FOR EXAMINATION (PLEASE PRINT OR TYPE)																																	
FOR TEST/KEY ONLY			FOR SPAATZ APPLICANT ONLY																														
UNIT CHARTER NUMBER		CADET'S LAST NAME-FIRST-M.I.		CAPSN	UNIT CHARTER NUMBER																												
SQUADRON NAME AND FULL ADDRESS			DATE OF BIRTH: (Month) (Day) (Year)	DATE PHASE IV COMPLETED																													
HOME ADDRESS, PHONE NUMBER, AND DATES CADET WILL BE AVAILABLE TO TEST																																	
<input type="checkbox"/> Spaatz Test (Test request must be forwarded through the LO.) <input type="checkbox"/> 1st Reexamination <input type="checkbox"/> 2nd Reexamination																																	
CIRCLE REQUESTED ITEMS CAPF 62/62a (Test/key for "Flight of Discovery" Achievements 2-7) CAPF 16-2 (Test/key for "Leadership 2000" Achievements 1-15) CAPF 64/64a (Test/key for Mitchell Test) CAPF 65/65a (Test/key for Earhart Test) <i>I certify that I will receive, store, safeguard, and supervise the examination materials in accordance with CAPR 50-4.</i>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DATE EXAM TAKEN</th> <th rowspan="2">DATE EXAM SCORED</th> <th colspan="3">SCORE</th> <th rowspan="2">EXAM NO. & FORM</th> </tr> <tr> <th>AEROSPACE</th> <th>LEADERSHIP</th> <th>ESSAY</th> <th>RUN</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			DATE EXAM TAKEN	DATE EXAM SCORED	SCORE			EXAM NO. & FORM	AEROSPACE	LEADERSHIP	ESSAY	RUN																		
DATE EXAM TAKEN	DATE EXAM SCORED	SCORE			EXAM NO. & FORM																												
		AEROSPACE	LEADERSHIP	ESSAY		RUN																											
SIGNATURE OF UNIT COMMANDER OR TESTING OFFICER			SIGNATURE OF LIAISON OFFICER AND TENTATIVE TEST DATE																														
CAPF 55a, Oct 97 PREVIOUS EDITIONS WILL NOT BE USED. HQCAP(97-2302)5M																																	

Figure 7-13. CAPF 55a, Request for Examination Sample

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7-14. CAPF 59-1, Phase I and II Certification (for Mitchell Award). (Reference CAPR 52-16, *Cadet Program Management*.) CAPF 59-1, *Phase I and II Certification (for Mitchell Award)*, Figure 7-14, is the official document for recording and certifying cadet progression. This form is contained in the first study package received by the cadet upon joining CAP. Each cadet must give the form to his or her personnel officer at the unit.

- a. The top portion of the form should be typed or printed. Enter the cadet's full name using the Last Name, First Name, Middle Initial format.
- b. Enter the cadet's serial number (social security number).
- c. Enter the unit's charter number as shown on the unit roster or the cadet's membership card in pencil.
- d. Enter the month and year of joining CAP as shown on the cadet's record.
- e. As each achievement is completed, enter the charter number, month and year in the appropriate spaces. The cadet must sign the achievement in the space indicated beneath the unit commander's or deputy commander for cadets' signature.
- f. Note the requirement for completion date between each achievement.
- g. When all achievements and Mitchell test have been completed, the cadet is responsible for sending the form to national headquarters. The cadet must also order the next phase materials using a bookstore order form with the appropriate fee. Some units will handle this for the cadet, providing the cadet furnishes the required forms, money and information.

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PHASE I & II CERTIFICATION <small>(Refer to CAPR 52-16 for program requirements)</small>	
CADET'S NAME: _____ <small style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Middle Initial </small> CAP SERIAL NUMBER: <input type="text"/> <input type="text"/> CHARTER NUMBER: _____ DATE JOINED CAP: _____ <small style="display: flex; justify-content: space-around; font-size: small;"> Month Year </small>	FOR NATIONAL HQ USE ONLY Date Received: _____ VERIFICATIONS Signature: _____ Encampment: _____ Achievement Dates: _____
FORM COMPLETION INSTRUCTIONS	
<ol style="list-style-type: none"> 1. Each achievement will be completed in numerical sequence, dated and signed by the unit commander or the deputy commander for cadets. The cadet also signs on the appropriate line. 2. Except for achievement one, achievements cannot be completed at less than a two month interval, nor can Phase I and II combined be completed in less than sixteen (16) months from the date the cadet joined CAP (Exception JROTC. See CAPR 52-16). 3. When all requirements for completion of Phase II are met, it is the responsibility of the cadet to ensure that this completed CAPF 59-1 is mailed or faxed to National Headquarters CAP/CPR (FAX: 334-953-8899) for processing. 4. When all requirements for completion of Phase II are met, it is the responsibility of the cadet to order the Phase III study materials from the CAP Bookstore. 	
To process your Mitchell Award Mail or fax this CAPF 59-1 to: National Headquarters CAP/CPR 105 S. Hansell St., Bldg. 714 Maxwell AFB AL 36112-6332 Fax: 1.334.953.6699	To order your Phase III materials (Catalog # 48A) Send your request with payment to: CAP Bookstore 30 S. Arnold St., Bldg. 848 Maxwell AFB AL 36112-6332 Orders: 1.800.633.8768 Customer Service: 1.888.834.1781
ACHIEVEMENT 1 <small>GENERAL J. F. CURRY</small> CADET AIRMAN  <small>Abbreviated: C/Amm</small>	I CERTIFY ALL REQUIREMENTS OF THE GENERAL J. F. CURRY ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE AND IS HEREBY PROMOTED TO CADET AIRMAN. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ <small>Month Year</small> COMPLETION DATE </div> <div style="width: 45%;"> CHARTER NUMBER: _____ _____ <small>Signature of Unit Commander or Deputy Commander for Cadets</small> _____ <small>Cadet's Signature Denotes Agreement</small> </div> </div> <small>(NOTE: This achievement can be completed at any time after the cadet receives their CAP membership card.)</small>
ACHIEVEMENT 2 <small>GENERAL H. H. ARNOLD</small> CADET AIRMAN FIRST CLASS  <small>Abbreviated: C/A1C</small>	I CERTIFY ALL REQUIREMENTS OF THE GENERAL H. H. "HAP" ARNOLD ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND IS HEREBY PROMOTED TO CADET AIRMAN FIRST CLASS. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ <small>Month Year</small> COMPLETION DATE </div> <div style="width: 45%;"> CHARTER NUMBER: _____ _____ <small>Signature of Unit Commander or Deputy Commander for Cadets</small> _____ <small>Cadet's Signature Denotes Agreement</small> </div> </div> <small>(NOTE: Two months minimum are required between achievements from this point forward.)</small>
ACHIEVEMENT 3 <small>WRIGHT BROTHERS</small> CADET SENIOR AIRMAN  <small>Abbreviated: C/SrA</small>	I CERTIFY ALL REQUIREMENTS OF THE WRIGHT BROTHERS ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND IS HEREBY PROMOTED TO CADET SENIOR AIRMAN. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ <small>Month Year</small> COMPLETION DATE <input type="checkbox"/> Phase I Certificate <small>ISSUED</small> </div> <div style="width: 45%;"> CHARTER NUMBER: _____ _____ <small>Signature of Unit Commander or Deputy Commander for Cadets</small> _____ <small>Cadet's Signature Denotes Agreement</small> </div> </div>

CAP FORM 59-1 DEC 98

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

Figure 7-14. CAPF 59-1, Phase I and II Certification (for Mitchell Award) (Front) Sample

<p>ACHIEVEMENT 4 CAPTAIN EDDIE RICKENBACKER</p> <p>CADET STAFF SERGEANT</p>  <p>Abbreviated: C8Sgt</p>	<p>I CERTIFY ALL REQUIREMENTS OF THE CAPTAIN EDDIE RICKENBACKER ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITIES APPLICABLE TO A CADET NON COMMISSIONED OFFICER (NCO), AND IS HEREBY PROMOTED TO CADET STAFF SERGEANT.</p> <p>CHARTER NUMBER: _____</p> <p>_____/_____/_____ Month Year COMPLETION DATE</p> <p>_____ Signature of Unit Commander or Deputy Commander for Cadets</p> <p>_____ Cadet's Signature Denotes Agreement</p>
<p>ACHIEVEMENT 5 CHARLES A. LINDBERGH</p> <p>CADET TECHNICAL SERGEANT</p>  <p>Abbreviated: C7Sgt</p>	<p>I CERTIFY ALL REQUIREMENTS OF THE CHARLES A. LINDBERGH ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND IS HEREBY PROMOTED TO CADET TECHNICAL SERGEANT.</p> <p>CHARTER NUMBER: _____</p> <p>_____/_____/_____ Month Year COMPLETION DATE</p> <p>_____ Signature of Unit Commander or Deputy Commander for Cadets</p> <p>_____ Cadet's Signature Denotes Agreement</p>
<p>ACHIEVEMENT 6 GENERAL JIMMY DOOLITTLE</p> <p>CADET MASTER SERGEANT</p>  <p>Abbreviated: C6MSgt</p>	<p>I CERTIFY ALL REQUIREMENTS OF THE GENERAL JIMMY DOOLITTLE ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND IS HEREBY PROMOTED TO CADET MASTER SERGEANT.</p> <p>CHARTER NUMBER: _____</p> <p>_____/_____/_____ Month Year COMPLETION DATE</p> <p>_____ Signature of Unit Commander or Deputy Commander for Cadets</p> <p>_____ Cadet's Signature Denotes Agreement</p>
<p>ACHIEVEMENT 7 DR. ROBERT H. GODDARD</p> <p>CADET SENIOR MASTER SERGEANT</p>  <p>Abbreviated: C7SMSgt</p>	<p>I CERTIFY ALL REQUIREMENTS OF THE DR. ROBERT H. GODDARD ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND IS HEREBY PROMOTED TO CADET SENIOR MASTER SERGEANT.</p> <p>CHARTER NUMBER: _____</p> <p>_____/_____/_____ Month Year COMPLETION DATE</p> <p>_____ Signature of Unit Commander or Deputy Commander for Cadets</p> <p>_____ Cadet's Signature Denotes Agreement</p>
<p>ACHIEVEMENT 8 NEIL A. ARMSTRONG</p> <p>CADET CHIEF MASTER SERGEANT</p>  <p>Abbreviated: C8CMSgt</p>	<p>I CERTIFY ALL REQUIREMENTS OF THE NEIL A. ARMSTRONG ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND IS HEREBY PROMOTED TO CADET CHIEF MASTER SERGEANT.</p> <p>CHARTER NUMBER: _____</p> <p>_____/_____/_____ Month Year COMPLETION DATE</p> <p>_____ Signature of Unit Commander or Deputy Commander for Cadets</p> <p>_____ Cadet's Signature Denotes Agreement</p>
<p>GENERAL BILLY MITCHELL AWARD</p> <p>CADET SECOND LIEUTENANT</p>  <p>Abbreviated: C2d Lt</p>	<p>I CERTIFY ALL REQUIREMENTS OF THE GENERAL BILLY MITCHELL AWARD HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITIES & CHALLENGES APPLICABLE TO A CADET OFFICER AND WILL BE PROMOTED TO CADET SECOND LIEUTENANT EFFECTIVE THE DATE OF THE MITCHELL AWARD CERTIFICATE. IT IS THE CADET'S RESPONSIBILITY TO ENSURE THAT THIS COMPLETED CAPF 59-1 IS MAILED OR FAXED TO NATIONAL HEADQUARTERS CAP/CPR FOR PROCESSING.</p> <p>CHARTER NUMBER: _____</p> <p>_____/_____/_____ Month Year COMPLETION DATE</p> <p>(NOTE: This date can be no earlier than 16 months from the join date.)</p> <p>_____ Signature of Unit Commander or Deputy Commander for Cadets</p> <p>_____ Cadet's Signature Denotes Agreement</p>

CAP FORM 59-1 DEC 98 (REVERSE)

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

Figure 7-14. CAPF 59-1, Phase I and II Certification (for Mitchell Award) (Reverse) Sample

7-15. CAPF 60, Emergency Notification Data. (Reference CAPR 35-2, *Notification Procedures in Case of Death, Injury, or Serious Illness.*) CAPF 60, *Emergency Notification Data*, Figure 7-15, should be kept up-to-date as much as possible. Keep the master copy of the form in the member's personnel file and make copies of it as needed for activities. Each block is self-explanatory; however, the following is provided for your use:

Personal Information

- a. **Name.** Enter the last name, first name, middle initial of the member.
- b. **CAP Rank.** Enter the CAP grade of the member, e.g., Major, Captain, 2d Lt, C/Amn, etc.
- c. **CAPSN.** Enter the member's social security number.
- d. **Address.** Enter the member's complete home address with city, state, and zip code in the appropriate boxes.

Civil Air Patrol Unit Information

- e. **Unit Charter No.** Enter the charter number of the member's unit.
- f. **Unit Name.** Enter the full unit name.
- g. **Unit Location.** Enter the city and state where the unit is located.
- h. **Unit Commander's Name.** Enter the complete name of the unit commander.
- i. **CAP Rank.** Enter the CAP grade of the unit commander.
- j. **Telephone (Weekdays).** Enter the phone number where the unit commander may be reached during the weekday.
- k. **Address.** Enter the complete home address with city, state, and zip code of the unit commander.
- l. **Telephone (Nights & Weekends).** Enter the phone number where the unit commander may be reached during nights and weekends.

Person to Notify in Case of Emergency

- m. **Name.** Enter the complete name of the contact person including Mr., Mrs., Ms., etc.
- n. **Relationship.** Enter the contact person's relationship to the member.

m. **Telephone (Weekdays).** Enter the phone number where the contact person may be reached during the weekday.

k. **Address.** Enter the complete home address with city, state, and zip code of the contact person.

l. **Telephone (Nights & Weekends).** Enter the phone number where the contact person may be reached during nights and weekends.

EMERGENCY NOTIFICATION DATA				
PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	CAP RANK	CAPSN
ADDRESS			CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION				
UNIT CHARTER NO.	UNIT NAME		UNIT LOCATION (City and State)	
UNIT COMMANDER'S NAME			CAP RANK	TELEPHONE (Weekdays) AC NO.
ADDRESS			TELEPHONE (Nights/Weekends) AC NO.	
PERSON TO NOTIFY IN CASE OF EMERGENCY				
NAME (Mr., Mrs., etc)			RELATIONSHIP	TELEPHONE (Weekdays) AC NO.
ADDRESS			TELEPHONE (Nights/Weekends) AC NO.	

CAP FORM 60
JUL 77

Previous editions are obsolete.

Figure 7-15. CAPF 60, *Emergency Notification Data* Sample

7-16. CAPF 66, Cadet Master Record. (Reference CAPR 52-16, *Cadet Program Management*.) CAPF 66, *Cadet Master Record*, Figure 7-16, is the master record for the cadet named on the form. This form is approximately 11 x 17 inches folded to become a file folder. It should be kept up to date at all times and filed in the member's personnel file. It is important that each member be encouraged to keep everything that has his or her name and Civil Air Patrol on it in a personnel file at home as a backup for the "official" file. Then if something happens to the unit file, they are able to reconstruct the file or furnish copies of missing documents. The areas that are included on the CAPF 66 are:

a. Program Progression Chart. The outside of this form is the Cadet Progression Chart used to record all aspects of the cadet program as each area is completed.

b. Inside the CAPF 66. The inside of this form contains several areas that record the different aspects of the cadet's participation in the cadet program. They are:

(1) Personal Information. This area has sections that should be completed in pencil rather than ink. Other areas should be in ink instead of pencil.

(a) Area to Complete in Ink. Last name, first name, middle initial, gender, CAP serial number, date joined, unit joined, date transferred, and charter transferred to should all be completed in ink or typed. This information should not change.

(b) Area to Complete in Pencil. Home address, emergency contacts, and phone numbers should be completed in pencil as this is subject to change.

(c) Additional Comments. Additional comment section may be completed in either ink or pencil dependent on whether the information could change or not.

(2) Leadership Positions Held. Record each leadership position held in this area including the name of the position, inclusive dates and any comments. This should be completed in ink or typed. This would include positions at unit/group/wing/region/national activities.

(3) Awards & Decorations. Record each award or decoration the cadet receives in this area including the type of award or decoration and the date received. This should be completed in ink or typed.

(4) Training

(a) Orientation Flights. As the cadet receives an orientation flight, enter the date and tail number of the aircraft in this area. Other orientation flights should be used for additional orientation flights that are not covered by the Orientation Flight Syllabus. These areas should be completed in ink or typed.

(b) Flight Training. All flight training information should be listed in this area using the date and certificate number, if applicable. Any additional flight training should be listed the Other Flight Training Information section. These areas should be completed in ink or typed.

(c) Emergency Services. This area is used to list any ES CAPF 101 or CAPF 101T specialty and the date it was earned by the cadet. This area should be completed in ink or typed.

(d) Encampments. Enter the date, place, and position held, if applicable, of each encampment the cadet attended. This area should be completed in ink or typed.

(e) Mission, Special Activities, and Conferences. Enter the event (or mission number), place, and date of each activity the cadet participated in using either ink or type.

CADET MASTER RECORD										
PROGRAM REQUIREMENTS										
Phase	Achievement	CPFT	Leadership	Aerospace Education	Moral Leadership	Active Participation	Other	Date Promoted	Grade Earned	Commander's Signature
Motivation Phase										
Orientation										
Optional CAPF 52-09										
C/AB										
Phase I The Learning Phase	1	Gen J.F. Curry 90 Pts.	Ch. 1						C/Armn	
	2	Gen H.H. "Happy" Arnold 86 Pts.	Ch. 2	Chapter _____					C/ATC	
	3	Wright Brothers 151 Pts.	Ch. 3	Chapter _____					C/SA	
Phase I Certificate										
Phase II The Leadership Phase	4	Capt Eddie Bodenbaker 126 Pts.	Ch. 4	Chapter _____					C/SSgt	□ Phase I Certificate Issued On:
	5	Charles A. Lindbergh 141 Pts.	Ch. 5	Chapter _____					C/TSgt	
	6	Gen Jimmy Doolittle 156 Pts.	Ch. 6	Chapter _____					C/MSgt	
	7	Dr. Robert H. Goddard 171 Pts.	Ch. 7	Chapter _____					C/SMSgt	
8	Neil A. Armstrong 178 Pts.	Writing Speech							C/CMSgt	
Comprehensive AE & Leadership Exam										
Encampment										
C/2d Lt										
□ CAPF 59-1 Submitted On:										
Phase III The Command Phase	9	Flight Commander 166 Pts.	Ch. 8	Test 1					AE Mentor	
	10	Administrative Officer 201 Pts.	Ch. 9	Test 2					AE Mentor	
	11	Public Affairs Officer 216 Pts.	Ch. 10	Test 3					AE Mentor	
Comprehensive AE & Leadership Exam										
Earhart Award										
Phase IV The Executive Phase	12	Leadership Officer 231 Pts.	Ch. 11						AE Instructor	□ CAPF 59-2 Submitted On:
	13	Admission Education Officer 246 Pts.	Ch. 12						AE Instructor	
	14	Operations Officer 261 Pts.	Ch. 13	Test 4					AE Instructor	
	15	Logistics Officer 276 Pts.	Ch. 14	Test 5					AE Instructor	
16	Cadet Commander 291 Pts.	Ch. 15	Test 6					AE Instructor		
Writing Speech										
Eaker Award										
AE Instructor										
C/1st Col										
□ CAPF 59-3 Submitted On:										
Comprehensive Leadership Exam										
Comprehensive AE Exam										
Spaatz Award										
300 Pts.										
C/Col										



Note: In the "CPFT" and "Leadership" columns, place the passing score achieved. In the "Achievement" column, place the original passing score achieved prior to entering to 100%. In the column marked "Moral Leadership," place complete name of instructor. In the column marked "Active Participation," you may place a check mark to signify active participation in unit activities or you may list specific events.

Figure 7-16. CAPF 66, Cadet Master Record Sample (outside of folded form)

7-71

7-17. CAPF 66a, *Cadet Physical Fitness Test Scorecard*. (Reference CAPR 52-18, *Cadet Physical Fitness Test Manual*.) CAPF 66a, *Cadet Physical Fitness Test Scorecard*, Figure 7-17, is for administering the CPFT; for detailed instructions, see CAPR 52-18. Each cadet needs this form.

a. The name (Last, First, Middle Initial printed format), CAP Serial Number (social security number) go on the top section of the form. This part should be entered in ink.

b. When the cadet is ready to take the physical fitness test, the date is entered in the Test # (Achievement number) must be entered where indicated in the first blank section from the left.

c. Graders record the raw score and points for each event, initialing the results.

d. After the event, the grader will convert raw scores to point scores using the scoring standards on the back of the form/scorecard. The minimum passing CPFT scores for both sexes are listed on the form next to each achievement number.

e. Once all events are completed, the grader determines the total CPFT score for the cadet. If the cadet passes the CPFT, the results are entered on the cadet's CAPF 66 and the CAP VA 52-02 (if used).

f. A pencil should be used when filling out the scorecard.

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CPFT POINT SCALE										
Achievement	Total Points Needed	Points per Event	Sit & Reach (In Inches)		Sit-Ups (Quantity)		Mile Run (In Min:Sec)		Swim Alternative (In Min:Sec)	
			Male	Female	Male	Female	Male	Female	Male	Female
Spatz	300	110	> 11	> 11	> 80	> 88	< 6:00	< 7:33	< 8:15	< 8:45
16	291	109	11	11	90	88	6:00	7:33	8:15	8:45
15	276	108	.	.	89	87	6:03	7:36	8:18	8:48
14	261	107	.	.	88	86	6:06	7:39	8:21	8:51
13	246	106	10.75	10.75	87	85	6:09	7:42	8:24	8:54
12	231	105	.	.	86	84	6:12	7:45	8:27	8:57
11	218	104	.	.	85	83	6:15	7:48	8:30	9:00
10	201	103	10.5	10.5	84	82	6:18	7:51	8:33	9:03
9	186	102	.	.	83	81	6:21	7:54	8:36	9:06
8	178	101	.	.	82	80	6:24	7:57	8:39	9:09
7	171	100	10	10	81	79	6:30	8:00	8:42	9:12
6	156	99	.	.	80	78	6:33	8:03	8:45	9:15
5	141	98	9.75	9.75	79	77	6:36	8:06	8:48	9:18
4	128	97	.	.	78	76	6:39	8:09	8:51	9:21
3	111	96	.	.	77	75	6:42	8:12	8:54	9:24
2	96	95	.	.	76	74	6:45	8:15	8:57	9:27
1	90	94	.	.	75	73	6:48	8:18	9:00	9:30
		93	.	.	74	72	6:51	8:21	9:03	9:33
		92	9.5	9.5	73	71	6:54	8:24	9:06	9:36
		91	.	.	72	70	6:57	8:27	9:09	9:39
		90	.	.	71	69	7:00	8:30	9:12	9:42
		89	.	.	70	68	7:03	8:33	9:15	9:45
		88	.	.	69	67	7:06	8:36	9:18	9:48
		87	9	9	68	66	7:09	8:39	9:21	9:51
		86	.	.	67	65	7:12	8:42	9:24	9:54
		85	.	.	66	64	7:15	8:45	9:27	9:57
		84	.	.	65	63	7:18	8:48	9:30	10:00
		83	.	.	64	62	7:21	8:51	9:33	10:03
		82	8.5	8.5	63	61	7:24	8:54	9:36	10:06
		81	.	.	62	60	7:27	8:57	9:39	10:09
		80	.	.	61	59	7:30	9:00	9:42	10:12
		79	.	.	60	58	7:33	9:03	9:45	10:15
		78	.	.	59	57	7:36	9:06	9:48	10:18
		77	8	8	58	56	7:39	9:09	9:51	10:21
		76	.	.	57	55	7:42	9:12	9:54	10:24
		75	.	.	56	54	7:45	9:15	9:57	10:27
		74	.	.	55	53	7:48	9:18	10:00	10:30
		73	.	.	54	52	7:51	9:21	10:03	10:33
		72	7.5	7.5	53	51	7:54	9:24	10:06	10:36
		71	.	.	52	50	7:57	9:27	10:09	10:39
		70	.	.	51	49	8:00	9:30	10:12	10:42
		69	.	.	50	48	8:03	9:33	10:15	10:45
		68	.	.	49	47	8:06	9:36	10:18	10:48
		67	7	7	48	46	8:09	9:39	10:21	10:51
		66	.	.	47	45	8:12	9:42	10:24	10:54
		65	.	.	46	44	8:15	9:45	10:27	10:57
		64	.	.	45	43	8:18	9:48	10:30	11:00
		63	6.5	6.5	44	42	8:21	9:51	10:33	11:03
		62	.	.	43	41	8:24	9:54	10:36	11:06
		61	.	.	42	40	8:27	9:57	10:39	11:09
		60	.	.	41	39	8:30	10:00	10:42	11:12
		59	6	6	40	38	8:33	10:03	10:45	11:15
		58	.	.	39	37	8:36	10:06	10:48	11:18
		57	.	.	38	36	8:39	10:09	10:51	11:21
		56	5.5	5.5	37	35	8:42	10:12	10:54	11:24
		55	.	.	36	34	8:45	10:15	10:57	11:27
		54	.	.	35	33	8:48	10:18	11:00	11:30
		53	5	5	34	32	8:51	10:21	11:03	11:33
		52	.	.	33	31	8:54	10:24	11:06	11:36
		51	.	.	32	30	8:57	10:27	11:09	11:39
		50	4.5	4.5	31	29	9:00	10:30	11:12	11:42
		49	.	.	30	28	9:03	10:33	11:15	11:45
		48	.	.	29	27	9:06	10:36	11:18	11:48
		47	4	4	28	26	9:09	10:39	11:21	11:51
		46	.	.	27	25	9:12	10:42	11:24	11:54
		45	.	.	26	24	9:15	10:45	11:27	11:57
		44	3.5	3.5	25	23	9:18	10:48	11:30	12:00
		43	.	.	24	22	9:21	10:51	11:33	12:03
		42	.	.	23	21	9:24	10:54	11:36	12:06
		41	3	3	22	20	9:27	10:57	11:39	12:09
		40	.	.	21	19	9:30	11:00	11:42	12:12
		39	.	.	20	18	9:33	11:03	11:45	12:15
		38	2.5	2.5	19	17	9:36	11:06	11:48	12:18
		37	.	.	18	16	9:39	11:09	11:51	12:21
		36	.	.	17	15	9:42	11:12	11:54	12:24
		35	2	2	16	14	9:45	11:15	11:57	12:27
		20	< 2	< 2	< 18	< 14	> 9:45	> 11:15	> 11:57	> 12:27

Guidelines

A. Every event will be performed, otherwise the cadet fails the CPFT. The swim alternative may substitute for the mile run.

B. The total points needed for each achievement will be met (see above).

C. Per achievement, cadets will also meet the minimum standards for each event identified on the reverse of this card.

D. The symbol ">" means "Greater than," while the symbol "<" means "Less than."



CAPF 66a - FEB 99 PREVIOUS EDITIONS WILL NOT BE USED

Figure 7-17. CAPF 66a, Cadet Physical Fitness Test Scorecard (Front) Sample

CAPS: CPFT SCORECARD

Name: _____

Date	Achievement	Sit & Reach		Sit-Ups		Mile Run or Swim Alternative		Total Points	Graders' Initials
		Miles Run Swim	Points	Miles Run Swim	Points	Miles Run Swim	Points		
	Spaatz	9.75	9.75	78	76	Mile 8:09 Swim 8:21		300 Pts. Needed	
	16	9.5	9.5	73	71	Mile 8:54 Swim 9:06		294 Pts. Needed	
	15	9	9	68	66	Mile 7:03 Swim 9:21		276 Pts. Needed	
	14	8.5	8.5	63	61	Mile 7:24 Swim 9:36		281 Pts. Needed	
	13	8	8	58	56	Mile 7:33 Swim 9:51		246 Pts. Needed	
	12	7.5	7.5	53	51	Mile 7:54 Swim 10:06		251 Pts. Needed	
	11	7	7	48	46	Mile 8:09 Swim 10:21		216 Pts. Needed	
	10	6.5	6.5	43	41	Mile 8:24 Swim 10:36		201 Pts. Needed	
	9	6	6	38	36	Mile 8:39 Swim 10:51		186 Pts. Needed	
	8	5.5	5.5	33	31	Mile 8:54 Swim 11:06		171 Pts. Needed	
	7	5	5	28	26	Mile 9:09 Swim 11:21		156 Pts. Needed	
	6	4.5	4.5	23	21	Mile 9:24 Swim 11:36		141 Pts. Needed	
	5	4	4	18	16	Mile 9:39 Swim 11:51		126 Pts. Needed	
	4	3.5	3.5	13	11	Mile 9:54 Swim 12:06		111 Pts. Needed	
	3	3	3	8	6	Mile 10:09 Swim 12:21		96 Pts. Needed	
	2	2.5	2.5	5	3	Mile 10:24 Swim 12:36		81 Pts. Needed	
	1	2	2	3	1	Mile 10:39 Swim 12:51		66 Pts. Needed	

Please use a pencil when filling out the scorecard.

Figure 7-17. CAPF 66a, *Cadet Physical Fitness Test Scorecard (Reverse) Sample*

7-18. CAPF 77, *Cadet Flight Orientation Program Syllabus*. (Reference CAPF 77, *Cadet Flight Orientation Program Syllabus*.) CAPF 77, *Cadet Flight Orientation Program Syllabus*, Figure 7-18, is the flight syllabus for the Cadet Orientation Program. Cadets 17 or younger are encouraged to participate in the flight orientation program (cadets 18-20 may participate in military orientation flights). All information other than signatures must be either typed or printed neatly.

- a. **Serial Number.** Enter the cadet's CAPSN (Social Security Number).
- b. **Charter Number.** Enter the unit charter number.
- c. **Name.** Enter the cadet's name as it appears on the Monthly Membership Listing (MML) or the cadet's membership card.
- d. **Date.** Enter the date of the flight.
- e. Check the type of flight box (applicable only to Flights 1-5).
- d. **Aircraft #.** To be completed by the orientation pilot. Enter the tail number of the aircraft used for the flight. Complete this area only if a corporate aircraft is used (applicable only to Flights 1-5).
- e. **Actual Flight Time.** To be completed by the orientation pilot. Enter the actual flight time (applicable only to Flights 1-5).
- f. **Location.** To be completed by the orientation pilot. Enter the location of the flight (applicable only to Flights 1-5).
- g. **Orientation Pilot Signature.** To be completed by the orientation pilot. Must be signed by the orientation pilot at the time of the flight.
- h. **Cadet Signature.** The cadet receiving the orientation flight must sign the appropriate flight form at the time of the flight.
- i. **Squadron Commander Signature.** After verification of name, serial number, and flight number with the MML, the unit commander signs the form.

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Cadet Flight Orientation Program Syllabus in separate file, pages 79-88

Figure 7-18. CAPF 77, *Cadet Flight Orientation Program Syllabus* (1 of 6) Sample

Figure 7-18. CAPF 77, *Cadet Flight Orientation Program Syllabus* (2 of 6) Sample

Figure 7-18. CAPF 77, *Cadet Flight Orientation Program Syllabus* (3 of 6) Sample

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Figure 7-18. CAPF 77, *Cadet Flight Orientation Program Syllabus* (4 of 6) Sample

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Figure 7-18. CAPF 77, *Cadet Flight Orientation Program Syllabus* (5 of 6) Sample

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Figure 7-18. CAPF 77, *Cadet Flight Orientation Program Syllabus* (6 of 6) Sample

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7-19. CAPF 78, Mishap Report Form. (Reference CAPR 62-2, *Mishap Reporting and Investigation*.) CAPF 78, *Mishap Report Form*, Figure 7-19, is to be submitted within 48 hours of all CAP mishaps. Unit or activity commanders are responsible for completing and submitting this form. For more details, see the above referenced publication. This form is two-sided and both sides must be completed as appropriate. Each block is self-explanatory; however, the following is provided for your use:

- a. **Date of Report.** Enter the date the form is completed.
- b. **Date of Mishap.** Enter the date the mishap occurred.
- c. **Time of Mishap.** Enter the time the mishap occurred. Be as exact as possible.
- d. **Region.** Enter the CAP region where the member/vehicle/aircraft is assigned
- e. **Wing.** Enter the CAP wing where the member/vehicle/aircraft is assigned.
- f. **Place of Mishap.** Enter the location/place of the mishap.

Type of Mishap

- g. Check the appropriate type of mishap box. Check all that apply.

Aircraft or Vehicle – Use only if aircraft or vehicle is involved.

- h. **Registration No.** Enter the complete registration number of each aircraft or vehicle involved. For aircraft this is the tail number, for vehicles this is the state registration number.
- i. **Make.** Enter the make of the aircraft or vehicle involved.
- j. **Apparent Damage Sustained.** Enter the damage that is apparent. Take photos of the damaged areas as supporting documentation.
- k. **Est. Repair Costs.** Enter the estimated repair costs or market value if total loss.
- l. **Private Property Damage Other Than Aircraft or Vehicle.** Enter the private property that was damaged.
- m. **Estimated Repair Costs.** Enter the estimated repair costs or market value if total loss.

Personnel Involved - Vehicle Number coincides with the vehicle or aircraft number above.

n. **Name, Grade, and CAPSN.** This first subsection is for information on the PERSON AT CONTROLS. Enter the Name, Grade (Major, Captain, 2d Lt, etc.) and CAP Serial Number of the person at the controls of the vehicle or aircraft involved.

o. **Age.** Enter the age of the person named as at the controls.

p. **Address.** Enter the complete address including city, state, and zip code of the person at the controls.

q. **CAP Unit No.** Enter the charter number of the person at controls, if a member. If person at controls was not a CAP member, enter "Not a Member."

r. **Injury.** Indicate if injury was fatal or nonfatal. If not injured, enter N/A in both blocks.

s. **CAP Operator's License.** Enter the CAP Operator's License number for each person at the controls, if a CAP member. If not a member, enter "Not a CAP Member" in the appropriate space.

t. **Witness.** The second subsection is for listing witnesses, passengers, observers, or others that saw the mishap occur. Enter the same information as the subsection above.

u. **Person Injured Not as Result of Aircraft or Vehicle Accident.** Use this area if injury was a result of activity other than aircraft or vehicle accident. Enter the same information as above.

v. **Purpose of Activity.** Check the appropriate box to describe the activity purpose.

w. **Movement of Aircraft or Vehicle Was Requested By.** Enter the name of the person that requested the movement of the vehicle or aircraft.

x. **For Ground Vehicles.** Check each answer as it pertains to this mishap.

y. **Person Authorizing Movement of Aircraft or Vehicle Operated by CAP Personnel.** Enter the name and grade, position, complete address, and phone number of person that authorized the movement of the aircraft or vehicle.

z. **Account of Mishap.** Give an account of the mishap in your own words.

aa. **Weather Conditions at Time of Accident.** Indicate the weather conditions at the time of the mishap by checking all the appropriate boxes and furnishing the required additional information.

bb. **Pilot Information.** Complete all information as needed in the provided areas.

cc. **General.** Check "yes," "no," or "not applicable."

dd. **Date NTSB/FAA Notified and Location.** Enter the date NTSB or FAA was notified and the location of the office notified.

ee. **Damage Class IAW NTSB Part 830.** Enter the damage class as shown in Part 830 reprint in CAPR 62-2.

ff. **Accident or Incident.** Check the appropriate box.

gg. **CAP Address of Person Completing This Report.** Enter the unit address of the person completing this form.

hh. **Unit and Charter Number.** Enter the complete name of the unit and the charter number of the person completing this form.

ii. **Name, Grade and CAPSN of Person Completing This Report.** Enter the full name, grade (Major, Captain, Lt Col, etc.), CAP serial number (social security number) of the person completing this form.

jj. **Signature.** The person completing this form must sign as shown in previous block (name and grade).

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CAPF Form 78, located in separate file, pages 93-94

Figure 7-19. CAPF 78, *Mishap Report Form* (Front) Sample

Figure 7-19. CAPF 78, *Mishap Report Form* (Reverse) Sample

7-20. CAPF 173, *Financial Record for Units Below Wing Level*. (Reference CAPM 173-1, *Financial Procedures and Accounting Report For Units Below Wing Level*.) CAPF 173, *Financial Record for Units below Wing Level*, Figure 7-20, is to be used in conjunction with CAPM 173-1 and will enable the unit to keep a record of its financial activities for one full year. A *Quicken* and *Excel* formats of this form are available on the Civil Air Patrol National Headquarters web site under "Forms."

a. **Receipts Record.** This is designed to provide a standard form for recording monies received by the unit.

(1) **Column 1.** Provides a space for the recording of the date that the monies were received.

(2) **Column 2.** Provides a space for the name of the person or source of the monies.

(3) **Column 3.** Provides a space for the amount of the receipt.

(4) **Column 4 and remaining columns.** Provide spaces so that you can readily classify each type of receipt in accordance with the instructions under the classification of accounts section in CAPR 173-1.

b. **Expenditures Record.** This record is designed to provide a standard form for recording monies expended by the unit.

(1) **Column 1.** Provides a space for recording the date of the check you issued.

(2) **Column 2.** Provides a space for the name of the person or organization to whom you issued the check.

(3) **Column 3.** Provides a space for the check number.

(4) **Column 4.** Provides a space for the amount of the check you issued.

(5) **Columns 5 through 46.** Provide spaces to classify expenditures in the most frequently used expense categories.

c. **Financial Report for Year.** This is the summary at the end of the form package. This form must be completed in duplicate – one copy for unit files and one copy is to be forwarded to wing headquarters at the end of the fiscal year.

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Figure 7-20. CAPF 173, *Financial Record For Units Below Wing Level Sample*

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Figure 7-20. CAPF 173, *Financial Record For Units Below Wing Level* Sample

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Figure 7-20. CAPF 173, *Financial Record For Units Below Wing Level Sample*

Figure 7-20. CAPF 173, *Financial Record For Units Below Wing Level Sample*