REQUEST FOR CAP PHOTO IDENTIFICATION CARD

PHOTO 1" X 1"	NAME (Last, First, Middle Initial)		GRADE	CADET ☐ SENIOR ☐
	CAPSN	UNIT NO.		DATE OF BIRTH day month year
	COLOR HAIR	COLOR EYES	WEIGHT	HEIGHT

MEMBER'S ADDRESS (Number, Street, City, State, Zip Code)

SIGNATURE OF MEMBER	DATE

CAP FORM MAY 81 19a

HQCAP(99-3402)10M