

ORGANIZATION ACTION - OVERSEAS SQUADRONS		1. USAF AIR BASE	2. CHARTER NUMBER (Assigned by National HQ)
3. ACTION TAKEN (Check appropriate block(s) below and enter data in applicable items.) <input type="checkbox"/> ACTIVATION* <input type="checkbox"/> DEACTIVATION <input type="checkbox"/> CHANGE IN COMMAND <i>*Newly organized units must complete the reverse side.</i>		<input type="checkbox"/> CHANGE IN MAILING ADDRESS <input type="checkbox"/> CHANGE IN USAF PROJECT OFFICERS <input type="checkbox"/> OTHER (SPECIFY)	4. EFFECTIVE DATE OF ACTION
<input type="checkbox"/> REQUEST CHARTER FOR (New units only)		<input type="checkbox"/> CHANGE TO (Complete applicable items)	
5. UNIT NAME (Same as Air Base)		6. UNIT NAME	
7. UNIT MAILING ADDRESS (P.O. Box)		8. UNIT MAILING ADDRESS (P.O. Box)	
9. NAME, GRADE, SERIAL NO. OF UNIT COMMANDER		10. NAME, GRADE, SERIAL NO. OF UNIT COMMANDER	
11. NAME, GRADE AND MAILING ADDRESS OF USAF PROJECT OFFICER		12. NAME, GRADE AND MAILING ADDRESS OF USAF PROJECT OFFICER	
13. SPONSORING ORGANIZATION (If applicable)		15. <i>I certify that the above unit is active, has sufficient members, and meets all standards as prescribed.</i> <i>Signature of Base Commander or Deputy</i>	
14. NAME AND GRADE OF PERSON ORGANIZING UNIT			
		16. TYPED NAME AND GRADE OF BASE COMMANDER OR DEPUTY	

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I agree to operate the unit in compliance with the purpose 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's roster of units for which it annually makes application for group exemption from Federal income taxes.

Signature of Unit Commander