

REQUEST FOR OPERATIONAL MISSION SPECIALTY QUALIFICATION CARD, CAP FORM 101, OR SPECIALTY QUALIFICATION TRAINING CARD, CAP FORM 101T									
NAME (LAST, FIRST, MI)					GRADE	CAPID	CHARTER NO.		
ADDRESS (STREET, CITY, STATE, ZIP)									
HOME TELEPHONE			WORK TELEPHONE		PAGE TELEPHONE		RADIO CALL	CAPF 76 (NO./DATE)	
HEIGHT	WEIGHT	EYES	HAIR	BIRTHDATE (D,M,Y)		<input type="checkbox"/> SENIOR <input type="checkbox"/> CADET		APPLICATION FOR: <input type="checkbox"/> CAPF 101 <input type="checkbox"/> CAPF 101T	
EMERGENCY CONTACT NAME				PRIMARY PHONE			SECONDARY PHONE		
FAA CERT. NO.		FAA MEDICAL (CLASS/DATE)		CAPF 5 DATE		CAPF 91 DATE		TOTAL HRS PIC	MOUNTAIN CLINIC
FAA CERT, RATINGS/LIMITATIONS									
SPECIALTY RATING(S) REQUESTED				PLACE AN "X" OVER THE BLOCK NO. FOR EACH REQUESTED RATING			<input type="checkbox"/> INITIAL <input type="checkbox"/> UPGRADE <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER		
<input type="checkbox"/> 1	GENERAL EMERGENCY SERVICES			<input type="checkbox"/> 14	GROUND TEAM LEADER				
<input type="checkbox"/> 2	INCIDENT COMMANDER			<input type="checkbox"/> 15	GROUND TEAM MEMBER				
<input type="checkbox"/> 3	AGENCY LIAISON			<input type="checkbox"/> 16	URBAN DIRECTION FINDING TEAM				
<input type="checkbox"/> 4	OPERATIONS SECTION CHIEF			<input type="checkbox"/> 17	INFORMATION OFFICER				
<input type="checkbox"/> 5	PLANNING SECTION CHIEF			<input type="checkbox"/> 18	FLIGHT LINE SUPERVISOR				
<input type="checkbox"/> 6	LOGISTICS SECTION CHIEF			<input type="checkbox"/> 19	FLIGHT LINE MARSHALLER				
<input type="checkbox"/> 7	FINANCE/ADMIN SECTION CHIEF			<input type="checkbox"/> 20	COMMUNICATIONS UNIT LEADER				
<input type="checkbox"/> 8	AIR OPERATIONS BRANCH DIRECTOR			<input type="checkbox"/> 21	MISSION RADIO OPERATOR				
<input type="checkbox"/> 9	GROUND BRANCH DIRECTOR			<input type="checkbox"/> 22	MISSION SAFETY OFFICER				
<input type="checkbox"/> 10	SAR/DR MISSION PILOT			<input type="checkbox"/> 23	LIAISON OFFICER				
<input type="checkbox"/> 11	TRANSPORT MISSION PILOT			<input type="checkbox"/> 24	MISSION CHAPLAIN				
<input type="checkbox"/> 12	MISSION OBSERVER			<input type="checkbox"/> 25	MISSION STAFF ASSISTANT				
<input type="checkbox"/> 13	MISSION SCANNER			<input type="checkbox"/> 26	RADIOLOGICAL MONITOR				
<input type="checkbox"/> 27	TECHNICAL SPECIALIST (AS APPROVED BY WING/REGION COMMANDER) SPECIALTY: _____								
CAPT 116 COMPLETION DATE: _____				FIRST AID TRAINING / QUALIFICATION:					
STATE DRIVER'S LICENSE NO. _____				<input type="checkbox"/> STANDARD		DATE EXPIRES: _____			
CAP DRIVER'S PERMIT (CAPF 75) _____				<input type="checkbox"/> ADVANCED					
CAP MEMBERSHIP EXPIRES _____				<input type="checkbox"/> EMT/EMT/PARAMEDIC					
PRESENT CAPF 101 EXPIRES _____				<input type="checkbox"/> CPR		DATE EXPIRES: _____			
ATTACH SUPPORTING DOCUMENTATION IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE.									
I CERTIFY THAT ALL REQUIRED TRAINING HAS BEEN SATISFACTORILY COMPLETED AND THAT THE MEMBER IS QUALIFIED IN THE SPECIALTY AREAS INDICATED.									
SIGNATURE OF REQUESTOR					DATE	TYPED NAME/GRADE OF REQUESTOR			
SIGNATURE OF UNIT COMMANDER					DATE	ACTION NO.			
SIGNATURE OF GROUP COMMANDER					DATE	ACTION NO.			
SIGNATURE OF WING/REGION COMMANDER					DATE	ACTION NO.			

INSTRUCTIONS FOR COMPLETING CAPF 100

1. **Initial qualifications and renewals:**

- a. For the general emergency services (ES) specialty, submit CAPF 100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAPF 101. Units will notify wing headquarters of issuances of CAPFs 101 with the general ES specialty.
- b. For initial qualifications (other than the general ES specialty), submit CAPF 100 (original plus two copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region DO to the region commander for region staff personnel in regions issuing specialty qualification cards).
- c. For renewals other than Incident Commander and Agency Liaison, submit CAPF 100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAPF 101. Units will notify wing headquarters of CAPF 101 renewals.
- d. For Incident Commander and Agency Liaison renewals, submit CAPF 100 (original plus two copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region deputy chief of staff [DCS] for operations or emergency services as applicable to the region commander for region staff personnel in regions issuing specialty qualification cards).

2. Complete all applicable blocks, do not leave out requested information.

3. Indicate the specialty ratings or training areas (maximum of three training areas at any one time) requested.

4. Use a separate application for CAPF 101 and 101T. Do not combine specialty qualification, upgrade, and/or training requests on the same form.

5. Attach the following supporting documentation as applicable to the ratings (or training areas) requested:

a. **All applications:**

- (1) Copy of CAP Test 116 completion records (top of answer sheet) for initial application.
- (2) Evidence of prerequisite qualifications or training (copy of previously issued CAPF 101 [only if transferring from another wing], course completion certificate, etc.).
- (3) Evidence of satisfactory completion of required classroom instruction.
- (4) Required specialty training (copy of endorsed CAPF 101T indicating training received) (initial application for a particular specialty rating only).
- (5) Evidence of satisfactory completion of continuing education requirements (renewals of particular specialty ratings only).

b. **Pilots:**

- (1) Copy of current CAPF 5.
- (2) Copy of current CAPF 91 (SAR/DR mission pilot only).
- (3) Evidence of current FAA flight review (copy of logbook page or other record).

c. **Ground Team Leaders and Members:**

- (1) Copy of first aid (or equivalent) training certificate.
- (2) Evidence of satisfactory completion of bloodborne pathogen training (a minimum of two ground members/leaders on each ground must have this training).