

NEW JERSEY WING REQUEST FOR VEHICLE OPERATORS ID CARD

(Print Clearly)

I. PERSONAL DATA				
Name (Last, First MI.)		CAP ID #	Unit	Grade
Driver's License Number		State of Issue	Sex	Date of Birth
Street Address		City	State	Zip
Home Phone () ext :	Cell Phone ()	Work Phone ()	ext :	
I have been briefed on proper documentation to possess and complete when operating any Civil Air Patrol vehicle assigned to the New Jersey Wing.				
Applicant's Signature			Date	

II. COMMANDER'S RECOMENDATION		
I recommend that the above member of this unit be authorized to drive the CAP vehicles specified below.		
Commander's Signature	Name & Grade (Print)	Date

III. TESTING OFFICER'S CERTIFICATION			
Road Test Vehicle Type	Date of Test	Road Test Vehicle Type	Date of Test
8-12 Passenger Van		4 x 4 Special Purpose	
15 Passenger Van		6 Passenger Pickup	
Other (Specify Type):			
I certify that this member has demonstrated their ability to operate the following vehicles in a safe and efficient manner in accordance with the attached testing procedures. This member has been briefed on the proper documentation to possess and complete when operating any Civil Air Patrol vehicle assigned to the New Jersey Wing.			
Testing Officer's Signature		Name & Grade (Print)	Date

This is an Initial Upgrade Request Previous Card Number: 29

IV. REQUEST CHECK LIST
<input type="checkbox"/> Complete this form (NJWF 75a). Print clearly, illegible forms will be returned without processing! <input type="checkbox"/> Complete driver's test for all applicable vehicles. See Reverse of this form. <input type="checkbox"/> Attach a photocopy of your CAP ID card. Be sure it is readable. <input type="checkbox"/> Attach a photocopy of your State Driver's License. Be sure it is readable. <input type="checkbox"/> Attach a recent official copy of your state driving record (Abstract) available at the MVC.

V. WING TRANSPORTATION ACTION
<input type="checkbox"/> License number 29_____ is issued on _____ it expires the last day of _____. <input type="checkbox"/> This request is denied because of member's status with the Motor Vehicle Commission. <input type="checkbox"/> This member's CAP Form 75 is being suspended because of violation(s) of regulations. Their CAP Form 75 will be returned to Wing HQ for possession until the suspension period has ended. <input type="checkbox"/> This member's suspension period is complete and their CAP Form 75 may be returned.

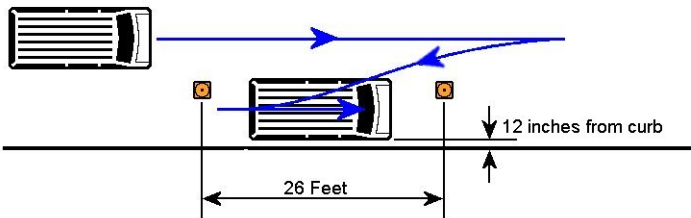
VI. DRIVER'S TEST

Name (Last, First MI.)	CAP ID #	Unit	Grade
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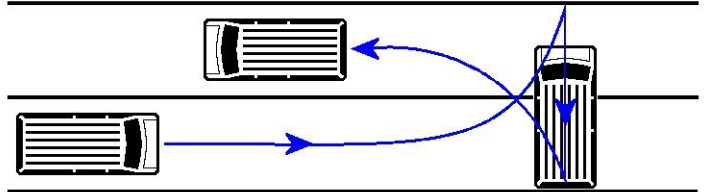
Road Test Vehicle Type	Date of Test	Initial Test or Additional Vehicle Test	Date of Test
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|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Has current CAP ID & State Driver's License <input type="checkbox"/> Is at least 21 years old <input type="checkbox"/> Completes CAPF 73 Safety Inspection <input type="checkbox"/> Signs CAPF 73 and notes any discrepancies <input type="checkbox"/> Uses seat belt each time before moving vehicle <input type="checkbox"/> Controls passenger seat belt usage <input type="checkbox"/> Parallel Parks Passenger's Side (within 12" of curb) <input type="checkbox"/> Parallel Parks Driver's Side (within 12" of curb) <input type="checkbox"/> K - Turns safely <input type="checkbox"/> Right Angle / Diagonal - Pull in Parking (centered) | <ul style="list-style-type: none"> <input type="checkbox"/> Uses All Mirrors <input type="checkbox"/> Headlights On <input type="checkbox"/> Knows location of and how to use fire extinguisher <input type="checkbox"/> Knows location of and how to use First Aid Kit <input type="checkbox"/> Turns off all electrical equipment before ignition key <input type="checkbox"/> Completes post drive walk-around inspection <input type="checkbox"/> Checks vehicle for cleanliness <input type="checkbox"/> Instructed on NJWF 73a Interchange Inspection <input type="checkbox"/> Instructed on NJWF 73b Vehicle Maintenance Record <input type="checkbox"/> Instructed on Vehicle Information Book |
|---|--|

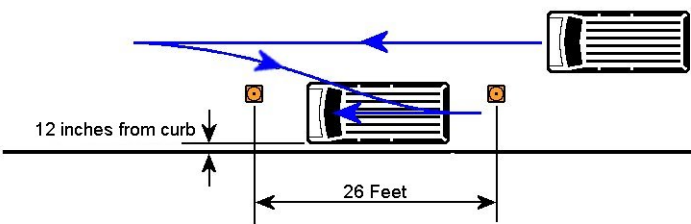
Parallel Parking - Passenger's Side



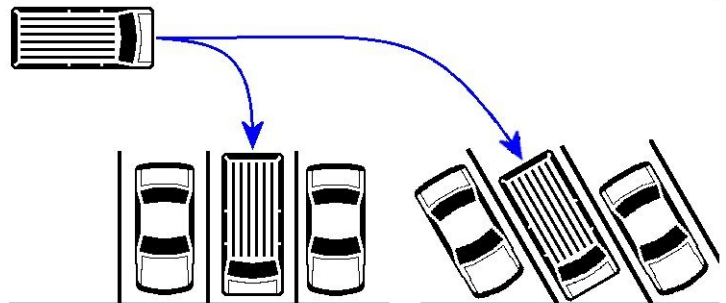
K - Turn



Parallel Parking - Driver's Side



Right Angle / Diagonal Parking



Testing Officer's Notes:

I certify that all items above have been reviewed and tested and that the applicant has demonstrated both familiarity and proficiency in the safe operation of the indicated vehicle.

Testing Officer's Signature	Name & Grade (Print)	Date
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Additional Copies of this side should be submitted if more than one vehicle is being tested. Fill out both sides for upgrade if a CAPF 75 has already been issued.