

MINNESOTA WING CIVIL AIR PATROL APPLICATION FOR CAP MOTOR VEHICLE OPERATIONS QUALIFICATION (OPS QUAL)					
NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	UNIT CHARTER #:
CAPID NUMBER:	MEMBERSHIP EXPIRATION:	HOME PHONE:	WORK PHONE:		
<u>APPLICANT WILL BE QUALIFIED IN ALL CORPORATE VEHICLE MODELS ASSIGNED TO MN WING.</u>					
APPLICANT DOCUMENTATION					
<p>THIS CAP MOTOR VEHICLE OPERATIONS QUALIFICATION (OPS QUAL) APPLICANT HAS:</p> <ol style="list-style-type: none"> 1. ATTACHED A LEGIBLE FRONT AND BACK COPY OR IMPRINT OF MY VALID STATE DRIVER'S LICENSE (MUST BE ABLE TO READ ALL DATA INCLUDING PHOTO); 2. AUTHORIZED THE WING DOL TO ACCESS MY DRIVER'S RECORD <u>(MN RESIDENTS ONLY)</u> FOR PURPOSES OF APPLYING FOR A CAP MOTOR VEHICLE OPERATIONS QUALIFICATION, IF SAID DRIVER'S RECORD IS NOT ATTACHED. <p>MY <u>MN DRIVER'S LICENSE NUMBER</u> IS: _____;</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; text-align: center;">_____ PRINTED NAME</div> <div style="width: 33%; text-align: center;">_____ SIGNATURE</div> <div style="width: 33%; text-align: center;">_____ DATE</div> </div>					
UNIT TRANSPORTATION/LOGISTICS OFFICER					
<p>THIS APPLICANT/APPLICATION IS ACCURATE, IN ACCORDANCE WITH CAPR 77-1 AND MN WING REGULATIONS FOR QUALIFICATIONS TO OPERATE CORPORATE OWNED VEHICLES (COVS).</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; text-align: center;">_____ PRINTED NAME</div> <div style="width: 33%; text-align: center;">_____ SIGNATURE</div> <div style="width: 33%; text-align: center;">_____ DATE</div> </div>					
UNIT COMMANDER APPROVAL					
<p>THIS APPLICANT/APPLICATION HAS MY APPROVAL FOR ASSIGNMENT OF OPERATIONS QUALIFICATIONS (OPS QUAL) TO OPERATE COVS ASSIGNED TO THIS UNIT PER CAPR 77-1 AND MN WING REGULATIONS.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; text-align: center;">_____ PRINTED NAME</div> <div style="width: 33%; text-align: center;">_____ SIGNATURE</div> <div style="width: 33%; text-align: center;">_____ DATE</div> </div>					

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Scan/email package to DOL@mncap.org.
 Or fax to Wing HQ at 651-552-7007 Attn: DOL/LGT