



HEADQUARTERS
(YOUR UNIT NAME) CIVIL AIR PATROL
AUXILIARY OF THE UNITED STATES AIR FORCE
(YOUR UNIT ADDRESS)



DATE: _____

Approval is granted for Civil Air Patrol member _____ to use their
(Member Name)

Privately Owned Vehicles (POV) as official CAP transportation for the activity listed below.

ACTIVITY _____

DATE: _____

The unavailability of adequate CAP Owned Vehicle (COV) is the circumstance for the necessity of this members use of their POV. This member has provided evidence of insurance coverage and registration prior to this approval as required by CAPR 77-1, para 7b(2) dated 1 September 2003.

(unit commander signature)
Unit Commander