



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 1-8b. When a POV is used for official CAP transportation it will have a safety check performed using CAPF 73, prior to use, as required by CAPR 77-1, para 2-1a. A POV will not be used if not in safe working order. Wing and the AF will not reimburse fuel for a POV without prior written permission from the Wing Commander.

(unit commander signature)  
Unit Commander