



**HEADQUARTERS
KENTUCKY WING, CIVIL AIR PATROL**

P.O. Box 4665
Frankfort, Kentucky 40604-4665

Request for Cadet Flight Training

Complete BOTH side, before submitting to the Kentucky Wing Commander for approval

Unit Name

Unit Mailing Address

City State Zip

MEMORANDUM TO: HQ KENTUCKY WING CAP / CC

FROM: UNIT CC

I request that Cadet _____ Rank _____ CAPID# _____
be authorized flight instruction in Kentucky Wing CAP aircraft.

- a. The cadet turned age 15 on ____/____/____
- b. The cadet was promoted to the rank of C/SrA (Senior Airman). on ____/____/____
- c. The cadet, along with the cadet's parent or guardian, the CAP Instructor Pilot and I agree the cadet is ready for the responsibility of flight lessons.
- d. The cadet currently holds the unit staff position or function of _____
- e. The cadet is currently active, and agrees to remain active, indicated by testing and achieving on a regular basis, participating in CAP activities at unit and wing levels such as SAREX's, CAC or encampments, etc.
- f. The above named individual understands that he/she must operate Kentucky Wing aircraft as per FARs, CAPR 60-1 and all applicable Kentucky Wing Supplements.

I do hereby certify that I have personally verified that the above listed individual meets the requirements of the Kentucky Wing Commander for flight training in Kentucky Wing aircraft.

Requesting Unit Commander

Date

KYWG Commander

Date

Approved () Disapproved ()

THIS FORM IS NOT REQUIRED FOR WING LEVEL OR HIGHER FLIGHT ENCAMPMENTS

CADET

Cadets Full Name

Cadets Mailing Address

City State Zip

Cadet Home Phone Number E-Mail address

PARENT OR GUARDIAN (Not required if the cadet has reached his/her 18th birthday)

Parent or Guardian Name

Parent or Guardian Mailing Address (if different)

City State Zip

Cadet Home Phone Number (if different) E-Mail address

I have contacted the CAP Flight Instructor listed below and he has agreed to give me flight instruction in CAP Kentucky Wing aircraft, if approved by the Kentucky Wing Commander.

CAP Flight Instructor CAPID #

Mailing Address

City State Zip

CAP Flight Instructor Phone Number E-Mail Address

Requesting Cadet Signature Date

Parent or Guardian Signature Date
(If Applicable)

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