



**HEADQUARTERS
CIVIL AIR PATROL KENTUCKY WING**
UNITED STATES AIR FORCE AUXILIARY
P.O. BOX 4665
FRANKFORT KY 40604-4665

TEL: 502-564-0660
FAX: 502-564-0662

Date: ____/____/____

Unit # GLR-KY-_____

Pilot's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell/Pager: _____ E-Mail: _____

MEMORANDUM TO: HEADQUARTERS KENTUCKY WING / DOV

FROM: UNIT CC

1. Request _____ Grade _____ CAPID# _____ be authorized as a:

____ Cadet Orientation Pilot (200 PIC, CAT & CLASS) _____ Flight Release Officer

____ AFROTC Pilot (300 PIC, CAT & CLASS)

____ Instructor Pilot

- a. All flights will be conducted in aircraft group(s) _____ as designated in CAPR 60-1, Table 3-1.
- b. The above named individual understands that he/she must remain current as a qualified pilot per FARs, CAPR 60-1 and all applicable Kentucky Wing Supplements.
- c. I do hereby certify that I have personally verified that the above listed individual meets the requirements of FARs and CAPR 60-1.

Requesting Unit Commander

Date

KYWG DOV/DO

Date

Approved () Disapproved ()

The following documents are required to accompany this document: One copy of current CAP Form 5 and / or 91, one copy of pilot certificate(s) and current medical certificate. Pilots will also submit paperwork required by CAPR 60-1 and applicable Kentucky Wing Supplements. Members requesting authorizations for flight release officer will fill out form 11 and submit copy of proof of completion of FRO course.

FAX documents to KYWG/DOV at 502-254-7016

PILOT DATA SUMMARY (PDS)

Flight Review / Medical Information:

(Complete this section, as necessary)

Last Flight Review (FAR61.56) Date: ___/___/___ Medical Class: 1 2 3 Date of Medical: ___/___/___

Age: _____ DOB: ___/___/___

FAA CERTIFICATES:

(Complete this section, as necessary, for the addition of CAP Pilot Authorizations)

___ Private ___ Commercial ___ Air Transport
___ CFI ___ CFII ___ CFI Glider

FLYING HOURS:

(Always complete this section)

Single Engine Land TOTAL PIC _____

(Complete this section, as necessary, for the addition of CAP Pilot Authorizations)

	<u>PIC</u>		<u>NUMBER</u>
Single Engine (tricycle, fixed gear)	_____		
Single Engine (tail wheel)	_____	Takeoffs and landings	_____
Single Engine (retractable)	_____	Takeoffs and landings	_____
Cross Country	_____		
High Performance (ASEL)	_____	Takeoffs and landings	_____
C-182 / Pilot In Command	_____	Takeoffs and landings	_____
Glider PIC: _____			
Glider Flights as PIC: _____			
Glider Flights (past 12 months) as PIC of a glider: _____			

IN THE EVENT OF AN ACCIDENT OR EMERGENCY, NOTIFY:

(Always complete this section)

Name (last, first): _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Pager/Cell: _____

PILOT / LOG BOOK VERIFICATION

(Complete this section, as necessary, for the addition of CAP Pilot Authorizations)

I certify that the entries on this form are true.

Pilot Name _____

Signature _____

Date: ___/___/___