

REQUEST AND AUTHORIZATION FOR SPECIFIC AIRCREW QUALIFICATION

NAME(LAST, FIRST, MI)		GRADE	CAPID (6-digits)	CHARTER NO.
ADDRESS (STREET, CITY, STATE, ZIP)				
HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	E-MAIL	

VERIFIED BY UNIT DOV or CC:

DATE OF BIRTH (ALL)	INITIALS	STATEMENT OF UNDER (ALL)	INITIALS
60-1 OK			
CAP MEMBERSHIP EXPIRES (ALL)		CFI RATINGS (IP, CP, MCP)	
		CFI CFII Exp:	
FAA PILOT CERTIFICATE (ALL)		NCPSC COMPLETION (CP, MCP)	
PVT COMM ATP INST			
MEDICAL DATE AND CLASS (ALL)		PIC HOURS (C & R)	
		ASEL:	
CAPF5 A/C QUESTIONNAIRES (ALL)		CAPF5 CADET ORIENT. (C & R)	
LIST A/C:		YES NO Cert #	
CAPR 60-1 ANNUAL EXAM (ALL)		FAA FLIGHT REVIEW DATE (ALL)	
DATE: Cert #			

AUTHORIZATIONS REQUESTED

Mission Crew Certification Date:

<input type="checkbox"/>	INSTRUCTOR PILOT (IP)	<input type="checkbox"/>	MISSION CHECK PILOT (MCP)	<input type="checkbox"/>	ROTC ORIENTATION (R)
<input type="checkbox"/>	CHECK PILOT (CP)	<input type="checkbox"/>	CADET ORIENTATION (C)	<input type="checkbox"/>	OTHER:

SIGNATURES:

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND IN MY UNIT PILOT FILE AND UNDERSTAND THAT AT ANY TIME I DO NOT MEET ANY REQUIREMENT OF CAPR 60-1 I CANNOT ACT UNDER THIS AUTHORIZATION.

APPLICANT SIGNATURE	DATE	TYPED NAME/GRADE OF APPLICANT
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I CERTIFY THAT THE ABOVE INFORMATION IS CONTAINED IN THE UNIT'S FILES AND RECOMMEND THIS MEMBER FOR THE ABOVE FLIGHT AUTHORIZATION(S).

UNIT COMMANDER RECOMMENDATION (SIGNATURE)	DATE	ACTION NO.
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I CERTIFY THAT, ON THE BASIS OF THE INFORMATION PROVIDED ABOVE, THIS APPLICANT MEETS THE STANDARDS AND QUALIFICATIONS TO PERFORM THE REQUESTED DUTIES.

WING STAN/EVAL RECOMMENDATION (SIGNATURE)	DATE	ACTION NO.	EXPIRES ON:
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I AUTHORIZE THIS APPLICANT TO ACT IN THE ABOVE AUTHORIZATION(S) FOR TWO YEARS, PROVIDED THEY REMAIN CURRENT PER CAPR 60-1 AND THIS ORDER IS NOT OTHERWISE RESCINDED OR CANCELLED.

WING COMMANDER SIGNATURE	DATE	ACTION NO.
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INSTRUCTIONS FOR COMPLETING OKWGF 61

This document is the means by which wing members may request Wing Commander authorization for specific pilot privileges listed in CAPR 60-1. Authorization will be indicated by the return of the form with the Wing Commander's signature. Use ddmmmyy for all dates, e.g., 26 Jun 02. Failure to print legibly, fill out all information, or comply with directions will result in application being returned.

1. Applicant ID and contact information

Name, Grade, CAPID, Charter Number, Address, and a primary phone number are required.

2. Pilot File information and Verification

This information must match the information in the unit's pilot file. All required documentation must be kept up to date in the unit folder in order for the member to continue to serve in the authorized capacity. Check Pilots (CAPF-5) must maintain duplicate current records with the Wing Chief of Stan/Eval.

a. Date of Birth: Must be at least 17 to act as a pilot, 18 as a check pilot, and 21 as a Cadet Orientation Pilot.

b. CAP Membership Expiration: Must be a current CAP member.

c. FAA Pilot Certificate: Indicate the type of certificate by circling. Circle INST if instrument rated.

d. Medical Date: Must have an FAA medical issued within 24 calendar months (36 calendar months, if applicant is under 40 at the time of expiration). Enter issue date and class.

e. CAPF5 Aircraft Questionnaires: To exercise privileges in more than one aircraft type, member must complete an annual questionnaire for each aircraft type, in addition to completing a check ride in the highest category of aircraft. List all aircraft for which a written questionnaire has been completed within the last year and an appropriate CAPF-5 initial and recurrent flight exam have been successfully passed. For example, C-172P, C-172S, C-182.

f. CAPR 60-1 Annual Exam: Indicate the completion date and certificate number of the online test certificate.

g. Statement of Understanding: All pilots must sign the January 1992 CAPR 60-1 Statement of Understanding, and the current Oklahoma Wing SOU. Circle to indicate whether or not the signed document is in the unit folder and write in the date of the signature on each document.

h. CFI Rating: Required for Instructor Pilots, Check Pilots, and Mission Check Pilots. Circle the appropriate rating and enter the expiration date.

i. NCPSC: Completion of the National Check Pilot Standardization Clinic must be accomplished within the past four years. Indicate the completion date shown in the pilot folder on the letter of completion or a completion certificate.

j. PIC Hours: Indicate logged ASEL (Airplane Single-Engine Land) PIC hours only. Exclude all other PIC time.

k. Cadet Orientation: If the "Cadet Orientation" block was initialed in the "Type Check" on the most recent, current, and applicable CAPF5, circle **YES**, otherwise, circle **NO**. If yes, indicate the certificate number and date of the COP or COP with ROTC online test completion certificate. To serve as a ROTC Orientation Pilot, a pilot must have at least 300 ASEL PIC hours, and 200 ASEL PIC hours for CAP Cadet Orientation Pilot. This does NOT require a separate CAPF 5 endorsement. Orientation Pilot covers both types, provided they have the ASEL PIC hours, complete the online exam, and pass a successful CAPF 5 for Orientation Pilot.

l. FAA Flight Review: This may be a Flight Review issued by a flight instructor, a certificate renewal or upgrade by administration of a checkride, or completion of an FAA Wings Phase.

3. Authorization Requested: Check or "X" each authorization for which the applicant meets the requirements of CAPR60-1 and the Oklahoma Wing Supplement. Line through other authorizations.

4. Signatures: Applicant and Unit Commander should read and agree to the applicable statement and indicate such by signing prior to routing to the Wing S/E Officer. Authorization is granted with the signature of the Wing Commander on this Form, and the physical presence of the form in the official unit pilot file.