REQUEST FOR AND APPROVAL OF PERSONNEL ACTIONS

I. PERSONAL DATA

Last Name First Name Middle Initial	CAPSN	Grade	Charter Number
Duty Assignment	Wing	Unit Name	

II. DUTY ASSIGNMENT/STATUS CHANGE (CAPR 35-1)

FROM: _____ **TO** _____
(Duty Title/Status) (Duty Title/Status)

III. AWARD OF AERONAUTICAL RATING/MISSION QUALIFICATIONS (CAPR 60-1)

☐ AWARD AERONATUICAL RATING/MISSION QUALIFICATION CHECKED BELOW:

☐ Glider Pilot ☐ Comd Pilot ☐ Balloonist ☐ Mission Observer ☐ Ground Team Badge
☐ Solo Pilot ☐ Observer ☐ Cdt Oreint Pilot ☐ CN Observer
☐ Pilot ☐ Master Observer ☐ SAR Pilot ☐ Transport Msn Pilot
☐ Senior Pilot ☐ Senior Observer ☐ CD Pilot ☐ Mission Scanner

Mission Pilot Qual Date _____ Mission Observer Qual Date _____
FAA License Number _____ FAA Physical Dated _____
FAA Rating _____ No. Hrs Logged as Pilot _____ Observer _____
CAP Form 5 Flight Check _____ CAP Form 91 Flight Check _____

IV. AWARD OF ACTIVITY AND SERVICE RIBBONS (CAPR 39-3)

☐ AWARD ACTIVITY AND SERVICE RIBBON CHECKED BELOW: ☐ AWARD OF CLASP (For additional award)

☐ Command Service Ribbon ☐ National Cadet Competition Ribbon ☐ Cadet Orientation Pilot Ribbon
☐ Red Service Ribbon ☐ National Color Guard Ribbon ☐ Counterdrug Ribbon
☐ "Find" Ribbon ☐ Cadet Advisory Council Ribbon ☐ Encampment Ribbon
☐ Air Search and Rescue Ribbon ☐ Cadet Community Service Ribbon ☐ Recruiter Ribbon
☐ Disaster Relief Ribbon ☐ Cadet Special Activities Ribbon ☐ A. Scott Crossfield Award
☐ IACE Ribbon ☐ Other (Specify)

V. TRANSFER (CAPM 39-2)

FROM: _____ **TO** _____
(Charter Number) (Charter Number)

NOTE: The gaining unit commander should initiate the transfer form. The losing unit commander has 60 days after the transfer action appears on the Monthly Membership Listing to notify HQ CAP/DP if he/she disapproves of the transfer for any reason. In such cases, the transfer will be voided and the member returned to the losing unit.

VI. RETIREMENT (CAPR 39-1)

The above named individual is eligible for retirement from Civil Air Patrol in accordance with CAPR 35-1. His/her period of CAP service is indicated below (if this period of service is not continuous, please explain in the remarks section):

FROM: _____ **TO** _____
(Date) (Date)

VII. REMARKS (use reverse side of form if additional space is required.)

I certify that all pertinent directives have been complied with and that this action is in the best interest of Civil Air Patrol.

Unit Charter No.	**Signature of Requester**	**Typed Name and Grade of Requester**	
APPROVED	**Signature of Flight/Squadron Commander**	**Flight/Squadron**	**Date**
APPROVED	**Signature of Group Commander**	**Group**	**Date**
APPROVED	**Signature of Wing Commander**	**Wing**	**Date**
APPROVED	**Signature of Region Commander**	**Region**	**Date**