



**HEADQUARTERS  
CIVIL AIR PATROL INDIANA WING  
UNITED STATES AIR FORCE AUXILIARY**  
38<sup>TH</sup> INFANTRY DIVISION ARMORY AT STOUT FIELD (RM 225)  
PO BOX 421102  
INDIANAPOLIS, IN 46242-1102



**VEHICLE MAINTENANCE CREDIT CARD DRIVER ID APPLICATION**

DRIVER ID APPLICANT'S NAME: \_\_\_\_\_

CAPID: \_\_\_\_\_

UNIT CHARGER NUMBER: \_\_\_\_\_

I desire that an Indiana Wing Vehicle Maintenance Credit Card Driver ID number be issued to me on the express condition that I will at all times use the Vehicle Maintenance Credit Card according to CAP and Indiana Wing directives.

I agree that:

1. I will identify locations which accept the WEX card for vehicle maintenance.
2. It is my responsibility to maintain a current corporate driver's license or I will lose my ID number.
3. I will obtain preapproval for all expenditures for vehicle maintenance from the Wing Transportation Officer; in the event of an emergency, I will notify the Wing Transportation Officer as soon as possible.
4. I will account for expenses authorized by my ID number by submitting detailed receipts from the use of the Vehicle Maintenance credit card in accordance with Indiana Wing procedures (see OI 15-01, within 72 hours of the expenditure) and that improper accounting of vehicle maintenance receipts may result in the requirement that I reimburse Indiana Wing for the full amount of costs incurred.
5. I am aware that transactions on the card will be scrutinized by Civil Air Patrol employees and officers to ensure proper utilization of the program.
6. I have read and understand Civil Air Patrol and Indiana Wing directives and instructions for financial and vehicle maintenance operations and understand that it is my responsibility to ensure that I read and apply the most current policies. If I do not apply current policies correctly, I may be subject to administrative or disciplinary action including membership termination.
7. If a Vehicle Maintenance Credit Card is lost or stolen I will report it immediately to the Wing Administrator, Director of Finance, Wing Transportation Officer, my unit commander and the vehicle custodian.
8. I understand if my membership expires, or if I otherwise leave Civil Air Patrol, my ID number will be terminated and I will need to reapply for a new Vehicle Maintenance Credit Card ID number upon rejoining.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Applicant's Unit Commander**

I agree that this applicant is a member in good standing with Indiana Wing Civil Air Patrol, that they are a good candidate for understanding program requirements and properly using the Vehicle Maintenance Credit Card, and that I will take administrative action for improper use of the card as required by CAP regulations or higher headquarters.

\_\_\_\_\_  
(Signature of Unit Commander)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Unit Charter)

**Wing Commander Endorsement**

I have reviewed the application of this individual for a Vehicle Maintenance credit card and concur in the application.

\_\_\_\_\_  
(Signature of Wing Commander)

\_\_\_\_\_  
(Date)