



**HEADQUARTERS  
 CIVIL AIR PATROL INDIANA WING  
 UNITED STATES AIR FORCE AUXILIARY**  
 HESLAR NAVAL ARMORY  
 3010 N. WHITE RIVER PARKWAY E DRIVE  
 INDIANAPOLIS, IN 46208-4983



**INDIANA WING CIVIL AIR PATROL FLEET CARD DRIVER ID APPLICATION**

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

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

UNIT CHARTER NUMBER: \_\_\_\_\_

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

I agree that:

1. I will use IN WG vehicle fleet cards primarily for Air Force-assigned actual and funded training missions. I understand that other uses require case-by-case approval in advance by IN WG/CC.
2. It is my responsibility to maintain a current corporate driver's license or I will lose my ID number.
3. I will account for expenses authorized by my ID number by submitting any fuel receipts from use of the Vehicle Fleet Card in accordance with Indiana Wing procedures (see OI 07-04; usually with 24-48 hours of expenditure) and that improper accounting of fuel receipts may result in the requirement that I reimburse Indiana Wing for the full amount of fuel costs incurred.
4. 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.
5. I have read and understand Civil Air Patrol and Indiana Wing directives and instructions for financial and mission reimbursement 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.
6. If a Vehicle Fleet Card is lost or stolen I will report it immediately to the Wing Administrator, Director of Finance, my unit commander and the vehicle custodian.
7. 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 Fleet Card ID number upon rejoining.

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

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

**Applicant's Unit Commander**

I agree that this applicant is a member in good standing in Indiana Wing Civil Air Patrol, they are a good candidate for understanding program requirements and properly using the Vehicle Fleet 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 fleet card and concur in the application.

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

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