

**REQUEST FOR AND APPROVAL OF PERSONNEL ACTIONS**

<b>I. PERSONAL DATA</b>			
Last Name	First Name	Middle Initial	Charter Number
Duty Assignment		Wing	Grade
		Unit Name	
<b>II. DUTY ASSIGNMENT/STATUS CHANGE (CAPR 35-1)</b>			
<b>FROM:</b> _____		<b>TO</b> _____	
(Duty Title/Status)		(Duty Title/Status)	
<b>III. AWARD OF AERONAUTICAL RATING/MISSION QUALIFICATIONS (CAPR 60-1)</b>			
<input type="checkbox"/> <b>AWARD AERONAUTICAL RATING/MISSION QUALIFICATION CHECKED BELOW:</b>			
<input type="checkbox"/> Glider Pilot	<input type="checkbox"/> Comd Pilot	<input type="checkbox"/> Balloonist	<input type="checkbox"/> Mission Observer
<input type="checkbox"/> Solo Pilot	<input type="checkbox"/> Observer	<input type="checkbox"/> Cdt Orient Pilot	<input type="checkbox"/> CN Observer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Master Observer	<input type="checkbox"/> SAR Pilot	<input type="checkbox"/> Transport Msn Pilot
<input type="checkbox"/> Senior Pilot	<input type="checkbox"/> Senior Observer	<input type="checkbox"/> CD Pilot	<input type="checkbox"/> 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 _____	
<b>IV. AWARD OF ACTIVITY AND SERVICE RIBBONS (CAPR 39-3)</b>			
<input type="checkbox"/> <b>AWARD ACTIVITY AND SERVICE RIBBON CHECKED BELOW:</b>			
<input type="checkbox"/> Command Service Ribbon	<input type="checkbox"/> National Cadet Competition Ribbon	<input type="checkbox"/> <b>AWARD OF CLASP (For additional award)</b>	
<input type="checkbox"/> Red Service Ribbon	<input type="checkbox"/> National Color Guard Ribbon	<input type="checkbox"/> Cadet Orientation Pilot Ribbon	
<input type="checkbox"/> "Find" Ribbon	<input type="checkbox"/> Cadet Advisory Council Ribbon	<input type="checkbox"/> Counter drug Ribbon	
<input type="checkbox"/> Air Search and Rescue Ribbon	<input type="checkbox"/> Cadet Community Service Ribbon	<input type="checkbox"/> Encampment Ribbon	
<input type="checkbox"/> Disaster Relief Ribbon	<input type="checkbox"/> Cadet Special Activities Ribbon	<input type="checkbox"/> Recruiter Ribbon	
<input type="checkbox"/> IACE Ribbon	Other (Specify) _____	<input type="checkbox"/> A. Scott Crossfield Award	
<b>V. TRANSFER (CAPM 39-2)</b>			
<b>FROM:</b> _____		<b>TO</b> _____	
(Charter Number)		(Charter Number)	
<p>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.</p>			
<b>VI. RETIREMENT (CAPR 39-1)</b>			
<p>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).</p>			
<b>FROM:</b> _____		<b>TO</b> _____	
(Date)		(Date)	
<b>VII. REMARKS (use reverse side of form if additional space is required.)</b>			
<p><b>I certify that all pertinent directives have been complied with and that this action is in the best interest of Civil Air Patrol.</b></p>			
<b>Unit Charter No.</b>	<b>Signature of Requester</b>	<b>Typed Name and Grade of Requester</b>	
<b>APPROVED</b>	<b>Signature of Flight/Squadron Commander</b>	<b>Flight/Squadron</b>	<b>Date</b>
<b>APPROVED</b>	<b>Signature of Group Commander</b>	<b>Group</b>	<b>Date</b>
<b>APPROVED</b>	<b>Signature of Wing Commander</b>	<b>Wing</b>	<b>Date</b>
<b>APPROVED</b>	<b>Signature of Region Commander</b>	<b>Region</b>	<b>Date</b>