

South Dakota Specialty Licence Plate CAP Decal Request

VALIDATION INFORMATION

CAPID: _____ RANK: _____ CAPID EXP (mm/yy): _____

Squadron Commander's Signature: _____ Date: _____

PERSONAL INFORMATION

Name: _____
(last) (first) (M.I.)

Physical Address: _____
(street number) (city) (zip)

Ship to Address: _____
(street number) (city) (zip)

Phone number: () - Work Number: () -

VEHICLE INFORMATION

1. Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Registration Exp. (mm/yy): _____

2. Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Registration Exp. (mm/yy): _____

3. Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Registration Exp. (mm/yy): _____

SIGNATURE FIELD

I _____ Have read the regulations pertaining to the use of the CAP decal on a POV (privately owned vehicle) and by placing my signature below abide by all CAP and South Dakota State rules, regulations and laws governing the use of the decal and plates.

Signature _____ Date (mm/dd/yy): _____

PAYMENT INFORMATION

INSTRUCTIONS: Decals (2) for each vehicle costs \$10. Make checks payable to: SDWG Civil Air Patrol. In the MEMO section write: SD License Decal No CASH.

EXAMPLE: 3 vehicles @\$10.00 = \$ 30.00

vehicles @ \$10.00 =

TOTAL AMOUNT ENCLOSED: \$ _____

INSTRUCTIONS: Fill out this form completely and return to:
SD Wing HQ, 4275 Airport Road, Suite A, Rapid City, SD 57703