



**HEADQUARTERS
CIVIL AIR PATROL
SOUTH DAKOTA WING
UNITED STATES AIR FORCE AUXILIARY**
4275 AIRPORT ROAD SUITE A
RAPID CITY, SD 57703



SOUTH DAKOTA WING CIVIL AIR PATROL FLEET CARD DRIVER ID APPLICATION

DRIVER ID APPLICANT'S NAME: _____ CAPID: _____

UNIT CHARTER NUMBER: _____

I desire that an South Dakota 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 South Dakota Wing directives.

I agree that:

1. I will use SD WG vehicle fleet cards for corporate vehicle fuel and maintenance.
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 uploading any fuel receipts from use of the Vehicle Fleet Card to the respective sortie in WMIRS and that improper accounting of fuel receipts may result in the requirement that I reimburse South Dakota 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 South Dakota 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 South Dakota 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)