

# Application for CAP Radio Call Sign

side 1

Application Type: <input type="checkbox"/> New <input type="checkbox"/> Modified <input type="checkbox"/> Renewal <input type="checkbox"/> Other				Call Sign Requested -- CALDERA		
Name:	<small>LAST</small> <small>FIRST</small> <small>MI</small>	<small>Grade</small>	<small>CAP-ID</small>	<small>Charter</small> WA-	<small>Date:</small> DD MMM YYYY	
Address:	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>		
Phone:		Email:				

**Training Completed**

<input type="checkbox"/> Level I (Seniors)    or <input type="checkbox"/> Achievement 1 (Cadets)		
<input type="checkbox"/> <b>Introductory Communications Training (ICUT)</b>	<small>Date Completed</small>	
<input type="checkbox"/> <b>OLD Radio Operator Authorization (ROA) Card Nbr:</b>	<small>Number</small>	
<input type="checkbox"/> <b>Amateur Radio Service (HAM) Rating:</b>	<small>Class</small>	<small>Call Sign</small>
<input type="checkbox"/> <b>CAP Communications Badge awarded</b>	<small>Date Completed</small>	

Communications Specialty:  None     Enrolled     Technician     Senior     Master

Transmission Frequency Bands requested:  VHF FM     VHF AM     HF AM & SSB

**CAP Corporate Radio Equipment Currently Issued To Applicant**

Noun Name	Serial Number	Fixed or Mobile

Applicant:	<small>Signature</small>	<small>Grade</small>	<small>Date</small>	
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**Unit Approval**

Communications Officer:	<small>Signature</small>	<small>Grade</small>	<small>Date</small>	
Squadron Commander:	<small>Signature</small>	<small>Grade</small>	<small>Date</small>	

**This area is for Wing uses only.**

Date application Received:			
Date application approved:			

# Application for CAP Radio Call Sign

side 2

Name:	LAST	FIRST	MI	Grade	CAP-ID	WA- Charter	Date: DD MMM YYYY
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## Information on Fixed Stations Only

- A. Will the antenna extend above natural surroundings? Yes No
- B. If yes, how high above natural surroundings will the antenna extend? Feet
- C. How far to the nearest hard surface airport? Miles
- D. What is the name of that airport? \_\_\_\_\_
- E. Is your station equipped with emergency backup power? Yes No
- F. If yes, what is the type and power rating (in watts)? \_\_\_\_\_

## Applicant Owned Equipment

I hereby offer the following items of radio equipment to Washington Wing, Civil Air Patrol (CAP), to be used for official CAP purposes.

Noun Name	Serial Number	Fixed or Mobile

I understand that this agreement gives Washington Wing, Civil Air Patrol, operational control of the above equipment for CAP purposes. This equipment will be used only for official business of the CAP as defined in current CAP regulations and other official documents of CAP, and that this agreement can be terminated at any time by CAP or myself for any reason. If any other CAP personnel are allowed to use said equipment, I understand that such equipment will be returned to me in the event this agreement is terminated. It is understood that CAP is not responsible for the condition, maintenance, and serviceability of the equipment listed in this agreement. The above equipment cannot be used by any other CAP personnel without my consent and approval. With my signature below I acknowledge that the equipment listed above, meets all current NTIA standards and that I have read the latest Washington Wing Communications Plan.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_