


# GUIDE TO COMPLETION OF CAP FORM 27 – ORGANIZATION ACTION

This guide is designed to assist you in properly preparing CAP Form 27, Organization Action.

If you have questions please contact Washington Wing Personnel Officer ([wawgdp@wawg.cap.gov](mailto:wawgdp@wawg.cap.gov))

Block(s)	Action(s)
①	Insert the date that this action is created
②	DO NOT use this block – Reserved for Wing Use.
③	Insert the unit charter number UNLESS this a request to create NEW unit, then leave it blank.
④	DO NOT use this block UNLESS it is a request to create NEW unit, then the Commander of the new unit needs to sign in the space provided and complete blocks ⑦ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ and ⑳.
⑤	DO NOT use this block unless the unit is being deactivated.
⑥	For changes unit information, select the change(s) you are reporting. Then complete the appropriate blocks.
⑦	Enter CURRENT unit name
⑧	Enter NEW unit name
⑨	Check the box for the NEW unit Designation.
⑩ ⑪ ⑫ ⑬	<b>If this is a change</b> , enter Unit Commander’s Name, CAPID, E-Mail Address, Home Phone, Cell Phone and Work Phone numbers (as necessary) and mark the choice for the question “OK to call at Work”.
⑭	<b>If this is a change</b> , enter Unit Mailing address, city, state and Zip code as needed.
⑮	<b>If this is a change</b> , enter Unit Meeting address, city, state and Zip code as needed
⑯	<b>If this is a change</b> , enter unit meeting day, meeting time, select choice for weekly meeting question, and unit phone number.
⑰	<b>If this is a change</b> , enter the unit website URL
⑱	<b>If this is a change</b> , enter the unit recruiting contact person along with CAPID and home telephone number, cell phone number and e-mail address
⑲	Enter any appropriate comments
⑳	Person preparing this form signs and dates. E-signature acceptable.
㉑	DO NOT Use this block – Reserved for Wing Use.

ORGANIZATION ACTION			
DATE (yyyy/mm/dd) ①	WING CONTROL # ②	CHARTER NUMBER (example SER AL 001) ③	 * C A P F 2 7 *
ACTIVATION – Please complete All <input type="checkbox"/> Request Charter ④ I agree to operate the unit in compliance with the purposes and objectives of the Civil Air Patrol as set out in its charter, Constitution, Bylaws, and other directives and authorize the inclusion of this unit in the Civil Air Patrol roster of units for which it annually makes application for group exemption from Federal income taxes		DEACTIVATION <input type="checkbox"/> The above unit is deactivated for the reason outlined in Comments below. ⑤  Remaining members are to be transferred to charter number _____  By signature of this form below, I certify that there has been a proper accounting CAPR 173-1. I also certify that any real property (land, Buildings) has been properly transferred and equipment and supplies inventoried and transferred as evidenced by CAP Forms 37.	
Signature of Unit Commander _____			
UNIT CHANGES ⑥ <input type="checkbox"/> Commander <input type="checkbox"/> Meeting Place <input type="checkbox"/> Unit Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Meeting Time / Day <input type="checkbox"/> Other			
COMPLETE APPLICABLE ITEMS ONLY (PLEASE PRINT)			
UNIT NAME ⑦			
UNIT NAME CHANGE ⑧			
DESIGNATION or REDESIGNATION <input type="checkbox"/> Cadet ⑨ <input type="checkbox"/> Senior <input type="checkbox"/> Composite <input type="checkbox"/> Flight			
Unit Commander (Last Name-First Name-Middle Initial) ⑩			CAPID ⑪
Commanders E-Mail Address ⑫			
Commanders Home Phone	Commanders Cell Phone ⑬	Commanders Work Phone	OK to call at Work Yes <input type="checkbox"/> No <input type="checkbox"/>
Unit Mailing Address (Number and Street)		Address 2	
City ⑭	State	Zip + 4	
Unit Meeting Address		Address 2	
City ⑮	State	Zip + 4	
Meeting Day ⑯	Meeting Time-24 hour	Weekly meetings (If no please use comment area for days) Yes <input type="checkbox"/> No <input type="checkbox"/>	Unit Phone Number Ext
Unit URL (website) ⑰			
Unit Recruiting Contact Person (if different from commander) Last Name, First Name, MI			CAPID Home Phone
Contact Cell Phone	Contact E-Mail ⑱		
Comments ⑲			
Signature of person completing form ⑳	Date	Signature of Wing Commander (or Vice Commander) ㉑	Date

CAP FORM 27, OCT 03 PREVIOUS EDITION MAY NOT BE USED AFTER 31 JAN 04 OPR/ROUTING: LMM

When completed submit through your group to  
[wawgdp@wawg.cap.gov](mailto:wawgdp@wawg.cap.gov)