

PERSONAL VEHICLE AUTHORIZATION

NAME: _____ **CAP ID:** _____

MISSION DATE: _____ **MISSION NUMBER:** _____

VEHICLE MAKE:	MODEL	LICENSE	STATE
_____	_____	_____	_____

INSURANCE COMPANY _____

AGENT NAME AND CONTACT INFO _____

I approve the above listed CAP Member to use their personal Vehicle. The Member must at all times maintain personal insurance for liability and collision, and comply with CAP Regulations as well as State, Local and Federal Laws.

Approving Authority Signature