

# Virginia Wing Civil Air Patrol

## Request for Appointment/Reappointment as Flight Release Officer

Name	Grade	CAP ID Number	Membership Exp. Date
Unit Name and Number		Are you or have you been a FRO? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address			
Home Phone Number	Business Phone Number	Cell Phone Number	
E-Mail Address			
I have read and understand the CAP Regulations that apply to Flight Release Officers.	Requesters Signature and Date		
Unit Commander Signature, Name and Date <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Wing Commander Signature, Name and Date <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Note: Information supplied on this form will be published in the Virginia Wing Personnel Authorization appointing you as a Flight Release Officer and will be available on the Virginia Wing Paperless Wing.			