

VIRGINIA WING CIVIL AIR PATROL REQUEST FOR RADIO OPERATORS AUTHORIZATION

APPLICANT'S NAME			CAP I.D. NUMBER
MAILING ADDRESS			SQUADRON CHARTER NUMBER:
CITY	STATE	ZIP + 4	SQUADRON NAME:
HOME PHONE	WORK PHONE (if any)	E- MAIL & or Fax Number	
MEMBERSHIP EXPIRATION DATE	DATE OF BIRTH	OLD ROA or ROP NUMBER (if any)	

CHECK APPROPRIATE BOX		
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal * <input type="checkbox"/> Transfer from another Wing * <small>* Attach copy of original ROA or ROP</small>	<input type="checkbox"/> Cadet <input type="checkbox"/> Senior <input type="checkbox"/> Other _____	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Upgrade form Basic to Advanced

I certify that the above named applicant has met the requirements of Civil Air Patrol as Listed in CAP Regulation 100 and in the MER and Virginia Wing Communications Supplement and as such is eligible for a Civil Air Patrol Radio Operators Permit. I also certify that all statements made on this application, and any attachments thereto, are true and complete to the best of my knowledge.

Signature of Applicant		Signature of Unit Commander, Instructor or Testing Officer	
Location of Course	Date	Address card to be sent to.	

If you are not sure how to complete an item, check with the Virginia Wing Radio Operator Licensing Officer prior to submission. Do Not route forms through Wing Headquarters.
All Forms are to be sent directly to the Virginia Wing Radio Operator Licensing Officer

FOR WING USE ONLY DO NOT WRITE IN THIS BLOCK		
VA ROA CARD NUMBER	DATE OF ISSUE	WING RADIO OPERATOR LICENSING OFFICER
VA- - (B or A)		

Submit one signed original & one copy of this form for each request.
 To speed deliver of card, include a self addressed stamped envelope with each application, otherwise it will be sent through normal channels.