

WEST VIRGINIA WING CAP DRIVER'S LICENCE APPLICATION FORM

When Requesting a CAP Drivers License, please include the following forms...

- *This Form (WVF 75, with Unit Commander's signature)*
- *WV DMV Forms 101-PS-1 and 101-PS-2. Submit NO payment. This service is FREE for WV Wing members who are WV residents. (WV Drivers only)*
- *Copy of State Driver's License.*
- *If you are outside the state of WV, please include a copy of your State Driving Record (available from your state DMV office).*

Send your Completed Packet to the following address:

**WV Wing – CAP
112 Airport Rd
Charleston, WV 25311-1056**

Request for WV Wing CAP Driver's License

Before the Wing Transportation Officer will issue a CAP driver's license to a new member, they are required to do the following:

1. *Read CAPR 77-1 "Operation and Maintenance of CAP Vehicles"*
2. *Have the Squadron Transportation Officer show the member how to properly complete a CAPF 73*
3. *Have the Squadron Transportation Officer show the member how to properly complete a vehicle safety check*
4. *Member will take a road test with the Squadron Transportation Officer. The driving test will include the following maneuvers:*

- Right Turn, Left Turn*
- 3-point turn*
- Parking*
- Instructor will observe operation with regards to signaling, traffic judgment, pedestrians and traffic control systems*

5. *Instructor will check that all the above maneuvers were completed safely.*

I certify that the CAP member has completed all the above tasking with satisfactory results.

Member's Signature: _____ Date: _____

Transportation Officer's Signature: _____ Date: _____

Name: _____ Unit: WV _____

SSN: _____ CAPID: _____ Date of Birth: _____ (mm/dd/yyyy)
(Mandatory - State Law)

Drivers License Number: _____ State: _____ Expires: _____

List restrictions on driver's license: _____

Vehicles you have driven: 12 Passenger Van 5 Passenger truck with trailer
 5 Passenger 4x4 truck 12 Passenger van with trailer
 7 Passenger Mini-van

Unit Commander's Signature: _____

DMV- 101-PS-2
04/01/2010

IF YOUR ATTORNEY OR ANOTHER PARTY INTENDS TO REQUEST INFORMATION ON YOUR BEHALF, PLEASE COMPLETE THE RELEASE AUTHORIZATION SECTION BELOW.

I, _____ / _____
(PLEASE PRINT NAME) (PLEASE SIGN NAME)

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

West Virginia Wing - Civil Air Patrol

(Individual name and Company name, if applicable)

ALL REQUESTORS FOR INFORMATION MUST COMPLETE THE REQUEST FOR DRIVING RECORDS FORM (DMV-101-PS-1) AND THIS FORM (DMV-101-PS-2) OR THE REQUEST WILL NOT BE PROCESSED. THE INDIVIDUAL RELEASED TO RECEIVE INFORMATION MUST INCLUDE A COPY OF THEIR FEDERAL OR STATE GOVERNMENT ISSUED ID OR DRIVERS LICENSE.

PLEASE CHECK APPROPRIATE FEE *

- \$5.00 - DRIVING RECORD WITH DRIVER'S LICENSE NUMBER
- \$6.00 - DRIVING RECORD WITHOUT DRIVER'S LICENSE NUMBER
- \$5.00 - MESSAGE FORWARDING SERVICE
- \$.25 PER PAGE - COPY OF SUSPENSION/REVOICATION/DISQUALIFICATION FILE

ADMINISTRATIVE HEARING DOCUMENT FEES *

- \$1.50 PER PAGE - COPY OF TRANSCRIPT OF HEARING
- \$30.00 - COPY OF RECORDED TESTIMONY IN CD FORMAT
- \$25.00 - COPY OF RECORDED TESTIMONY IN CASSETTE FORMAT
- \$15.00 - COPY OF VIDEO TAPE SUBMITTED INTO EVIDENCE

*** A request for certification of documents listed above will require an additional \$1.00 fee per page.**

WEST VIRGINIA DIVISION OF MOTOR VEHICLES
REQUEST FOR DRIVING RECORDS

This form may be used for multiple requests and a fee of \$5.00 per name must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning (304) 558-3900. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the social security number and/or date of birth with an additional \$1.00 fee. All fees are non-refundable.

Driver's License Number	Name	Social Security Number	Date of Birth

Please return requested records to the following address:

West Virginia Wing - Civil Air Patrol

(Please print Company name, if applicable)

112 Airport Road

Charleston, WV 25311

(Mailing address)

(City, State and Zip)

(304) 343-8866

(Telephone Number)

Any person may request their own driving record at any DMV regional office. You must provide your federal or state government issued ID or driver's license for proof of identification.

All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attached form DMV-101-PS-2) or unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (17A-2A-1 et seq.). **EACH REQUEST FORM SUBMITTED MUST INCLUDE A COPY OF THE REQUESTOR'S FEDERAL OR STATE GOVERNMENT ISSUED ID OR DRIVER'S LICENSE.** If you do not meet these requirements, your reason will be reviewed and if accepted, you will receive a driving record that excludes all personal information from the record.

Any person who knowingly or willfully obtains information under false pretenses will be in violation of federal law, and if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above.

Signature of Requestor:  _____ ID Verified By: _____

**A COPY OF YOUR REQUEST MAY BE FORWARDED TO THE PERSON
WHOSE RECORDS YOU ARE REQUESTING.**

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form, you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This service has a non-refundable fee of \$5.00. The Division of Motor Vehicles does not guarantee delivery or a response.

Any request for a driving record other than the individual's-own, must be submitted to the WV Division of Motor Vehicles at the address listed below. DMV Regional Offices are prohibited from dispensing driving records to anyone requesting another individual's record.

BEFORE MAILING, BE SURE YOU HAVE INCLUDED: COMPLETED DMV-101-PS-1 FORM, APPLICABLE FEES, COPY OF DRIVER'S LICENSE OR PHOTO ID, LETTERHEAD EXPLANATION AND A COMPLETED DMV-101-PS-2 (IF APPLICABLE).

Please mail your request to: WV Division of Motor Vehicles
Insurance Section/ Driving Records
P O Box 17020
Charleston, WV 25317