

Please complete only the highlighted areas by entering your information in sections I., IV. and VI. Information contained in the blocks are examples only. Please refer to instructions page for required signatures.

REQUEST FOR AND APPROVAL OF PERSONNEL ACTIONS

I. PERSONAL DATA			
Last Name First Name Middle Initial <b>Your Last, Your First</b>	CAPSN <b>000000</b>	Grade <b>Grade</b>	Charter Number <b>Region-State-000</b>
Duty Assignment <b>Chaplain or CDI</b>	Wing <b>2 Letter State</b>	Unit Name <b>Unit name or Squadron</b>	
II. DUTY ASSIGNMENT/STATUS CHANGE (CAPR 35-1)			
FROM: _____		TO _____	
(Duty Title/Status)		(Duty Title/Status)	
<b>Officers changing duty assignments must complete information on reverse.</b>			
III. AWARD OF ACTIVITY AND SERVICE RIBBONS (CAPR 39-3)			
<input type="checkbox"/> AWARD ACTIVITY AND SERVICE RIBBON CHECKED BELOW:		<input type="checkbox"/> AWARD OF CLASP (For additional award)	
<input type="checkbox"/> Command Service Ribbon	<input type="checkbox"/> National Cadet Competition Ribbon	<input type="checkbox"/> Cadet Orientation Pilot Ribbon	
<input type="checkbox"/> Red Service Ribbon	<input type="checkbox"/> National Color Guard Ribbon	<input type="checkbox"/> Counter drug Ribbon	
<input type="checkbox"/> "Find" Ribbon	<input type="checkbox"/> Cadet Advisory Council Ribbon	<input type="checkbox"/> Encampment Ribbon	
<input type="checkbox"/> Air Search and Rescue Ribbon	<input type="checkbox"/> Cadet Community Service Ribbon	<input type="checkbox"/> Recruiter Ribbon	
<input type="checkbox"/> Disaster Relief Ribbon	<input type="checkbox"/> Cadet Special Activities Ribbon	<input type="checkbox"/> A. Scott Crossfield Award	
<input type="checkbox"/> IACE Ribbon	Other (Specify) _____		
ADY IV. TRANSFER (CAPM 39-2) Additional Duty Assignment			
FROM: <b>Leave Blank</b>		TO <b>The ADY Squadron/Unit goes here</b>	
(Charter Number)		(Charter Number)	
NOTE: The gaining unit commander should initiate the transfer form. The losing unit commander has 60 days after the transfer action appears on the Monthly Membership Listing to notify HQ CAP/DP if he/she disapproves of the transfer for any reason. In such cases, the transfer will be voided and the member returned to the losing unit.			
V. RETIREMENT (CAPR 39-1)			
The above named individual is eligible for retirement from Civil Air Patrol in accordance with CAPR 35-1. His/her period of CAP service is indicated below (if this period of service is not continuous, please explain in the remarks section).			
FROM: _____		TO _____	
(Date)		(Date)	
VI. REMARKS (use reverse side of form if additional space is required)			
<b>Please refer to instructions on page 2 before completing this form.</b>			
<b>I certify that all pertinent directives have been complied with and that this action is in the best interest of Civil Air Patrol.</b>			
Unit Charter No.	Signature of Requester	Typed Name and Grade of Requester	
APPROVED <input type="checkbox"/>	Signature of Flight/Squadron Commander	Flight/Squadron	Date
APPROVED <input type="checkbox"/>	Signature of Group Commander <b>Have ADY Commander sign here</b>	<del>Group</del> <b>ADY</b>	Date
APPROVED <input type="checkbox"/>	Signature of Wing Commander <b>ADY Wing Commander sign here - only if ADY is outside State</b>	Wing <b>ADY</b>	Date
APPROVED <input type="checkbox"/>	Signature of Region Commander	Region	Date

**Instructions:**

- Download the form at [https://www.gocivilairpatrol.com/media/cms/F002A\\_378E56CC9AD27.pdf](https://www.gocivilairpatrol.com/media/cms/F002A_378E56CC9AD27.pdf)
- Section I - Personal Data
  - Your charter number is your Region-State-Unit for example SER-FL-024
- Section IV - ADY Transfer
  - Leave the From section blank. The To section is for the ADY Unit or Squadron you are going to support
- Section VI - Remarks
  - Please annotate the following:
    - “I was interviewed by the gaining ADY Squadron/Unit Commander, (list their rank, name) and he/she has agreed to have me provide Chaplain/CDI (use the one that applies to you) support to their unit. My current unit Commander is in agreement.”
- Signatures in order of precedence:
  - Your Signature and date
  - Your Squadron/Unit Commander Signature and date
  - ADY (gaining Squadron/Unit) Commander Signature and date
  - If you are providing coverage outside your state you will need the Wing Commander’s Signature for the gaining State.
- Leave Page 2 Blank. Complete only the first page.

**Additional Instructions:**

- Once your Unit Commander (has approved/signed and dated form, email to ADY Commander (and ADY Wing Commander if applicable) requesting his/her signature and date.
- Please ensure you ask the ADY commander to email back to you the completed CAPF 2a after he/she has signed.
- Completed form is now ready to email to NHQ [Immeforms@capnhq.gov](mailto:Immeforms@capnhq.gov) - please ensure you CC yourself, your Unit Commander, ADY Commander, both your Wing and Region Chaplains so all concerned are in the loop and they have their copy.