**ISSUING HEADQUARTERS**

**United States Air Force Auxiliary**

**Applicable CAP Unit Street Address**

**CAP Unit City ST Zip**

PERSONNEL AUTHORIZATION DD MMMMM YYYY

NO. YY-##

The following individuals are appointed to the Unit, Civil Air Patrol, position/committee/board/etc to which the members are appointed. If the appointment is for a committee or board, enter a statement such as "The senior ranking member present will act as president." Provide additional information/criteria/restrictions/etc, such as "A quorum of at least two female and three male members is required." AUTH: CAP regulation granting such authority (e.g. CAPR 39-2).

**GRADE LAST, FIRST NAME CAPID UNIT**

CAP Approving Official's NAME, Grade, CAP DISTRIBUTION

Approving Official's Duty Title 1 – Each Individual

 1 – Wing Commander

 1 – Personnel Officer

 1 – File