

Flying

CAP FLIGHT MANAGEMENT

CAPR 60 – 1, 10 June 04, is supplemented as follows:

CHAPTER 2 GENERAL OPERATING RULES

2-1p. Unless briefed otherwise for an individual mission, Arkansas Wing aircrews shall monitor Channel 1 or the assigned frequency on the CAP radio at all times while flying mission sorties. Aircraft on proficiency or other non-mission flying are encouraged to monitor the CAP radio at all times, and shall monitor Channel 1 on the CAP radio for the first five minutes of any hour. At the discretion of the Pilot-in-Command (PIC), this requirement may be omitted while in the traffic pattern, under active ATC control or at any other time that the PIC determines that monitoring the CAP radio may compromise flight safety.

2-1g. Added. An incident commander or designee, or flight release officer may at their discretion require the filing of an FAA flight plan for local flights or cross country flights of 50 nautical miles distance or less, particularly when continuous flight following is not available from a CAP mission base.

2-2b. Arkansas Wing Aircraft SHALL not be operated on Grass fields without Wing Commander or Wing DO authorization.

2-7. ARCAPF 1 sheets will be removed from the aircraft book on the first day of each month and submitted along with CAPF99 & ARCAPF 66-1F to HQ AR WG no later than the 5th of each month. (Sheets need not be removed if aircraft is transferred before the end of the month.)

2-8. Pilot records will be maintained at the Unit of assignment. Check Pilot records will be duplicated at the Wing/DO office. ARCAPF 60-1a will be completed by all AR Wing pilots & a copy duplicated at the Wing/DO office. Pilot file folders will be arranged as follows and contain all applicable forms and documents noted on the section index form.

ARCAPF 60-1c Section 1	- Initial Checkout
ARCAPF 60-1d Section 2	-Currency
ARCAPF 60-1e Section 3	-Documents
ARCAPF 60-1f Section 4	-Special Qualifications

CHAPTER 3 PILOT QUALIFICATIONS & REQUIREMENTS

3-2c (7). Be an active participant in the FAA Wings Program (defined as having completed at least one phase within the preceding 24 months or having completed all twenty phases) and providing the Arkansas Wing DO a copy of the FAA Wings Program certificate.

3-2d (6). Requests for designation will be submitted to HQ AR WG/DO utilizing ARCAPF 60-1a.

3-2e (7). Request for designation will be submitted to HQ AR WG/DO utilizing ARCAPF 60-1a.

3-2f (4)(a) Added Cadet Orientation pilots must complete the on line Cadet Orientation test.

3-2f (5)(a). Request for designation will be submitted to HQ AR WG/DO utilizing ARCAPF 60-1a.

3-2h (3)(a). Request for designation will be submitted to HQ AR WG/DO utilizing ARCAPF 60-1a.

3-4a (5). The following documents will be carried by AR Wing PICs of corporate/member owned aircraft participating in CAP flying activities.

- (1) Current CAP membership card
- (2) FAA Pilot License
- (3) FAA Medical certificate
- (4) Copy CAPF 5 (Only for out of state missions)
- (5) CAPF 101 if engaged in ES activities
- (6) CAPF 101CN, if engaged in FS, DEA or Custom activities
- (7) CAPF 76
- (8) ARCAPF 60-1b

3-4a (6). To act as pilot in command of S model Cessna 172s you must have attended a one-hour ground school and a ½ hour aircraft familiarization with a qualified pilot. This training will be documented on a CAPF 11 and kept on file at Arkansas Wing HQ, and annotated in the individual pilot file

3-4a (7). Added. To act as pilot in command of T model Cessna 182s you must have attended a one-hour ground school and a ½ hour aircraft familiarization with a qualified pilot. This training will be documented on a CAPF 11 and kept on file at Arkansas Wing HQ, and annotated in the individual pilot file

3-4a (8). Added. To act as pilot in command of G-1000 equipped aircraft, pilots must have completed additional training and familiarization requirements established by national standard and AR Wing policy letter. This training will be documented on a CAPF 11 and kept on file at Arkansas Wing HQ, and annotated in the individual pilot file.

3-5k. Prior to completion of a CAPF 5 flight check, members must have attended an AR Wing flight safety clinic, or substitute training approved by AR Wing DOV, within the preceding twelve months.

3-6c. Added. Wing Commander's approval required.

3-7b (3). Standardization/Evaluator pilots will be designated on personnel authorization orders.

3-9d. Mission Check Pilots who are not a CFI will verbally evaluate Section VI, Emergency Procedures, with the mission pilot being evaluated and not actually exercise the procedures.

CHAPTER 4 FLIGHT RELEASE of CAP AIRCRAFT

4-3a (1). All C8 flights will be cleared by the AR Wing HQ LGM, LO, DO, or CC. (All flights must be direct to and from the site, no extra flying allowed except approaches as necessary for landing.)

4-9b (5). Pilots will advise the Flight Release Officer of flight time NLT two (2) hours after landing.

CHAPTER 6 MEMBER OWNED/FURNISHED AIRCRAFT USE

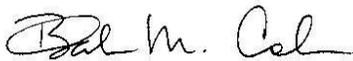
6-1 Added CAP Corporate aircraft are the resource of choice for all CAP flight activities. Member owned/furnished aircraft use on CAP Corporate missions requires advance approval by the Wing Commander or designee On Air Force Assigned Missions, the Air Force office that provided approval for the mission must also approve routine use of member owned/furnished aircraft (see AFI 10-2701, 29 Jul 05, para 3.6.2.10), in addition to approval by Wing Commander or designee. Members may request a one-time continuing approval for use of member owned/furnished aircraft for proficiency flying. Approval for use of member owned/furnished aircraft in other CAP activities will generally be obtained on an "individual mission" basis. Approvals shall be obtained in advance and shall be in writing unless operational needs require verbal approval.

6-2 Added Except in exceptional circumstances, before use of member owned/furnished aircraft is approved, the owner of the aircraft must execute a "hold harmless agreement" waiving any claims for property damage against the United

States arising from the use of the aircraft. Members are also advised that property damage "hull" insurance is not provided by CAP for corporate missions flown in member owned/furnished aircraft. In all circumstances, member owned/furnished aircraft used in CAP flight activities will be certificated in the Standard Airworthiness category and will be current on all FAA requirements for continued airworthiness.

6-3 Added Any member who utilizes member owned/furnished aircraft shall obtain a local flight release just as they would for use of a corporate aircraft. Any member using member owned/furnished aircraft will complete an Arkansas Form 66-1(f) at the end of the month in which the aircraft was used. This completed form for all CAP flying time should be forwarded to the Wing Director of Operations no later than the 5th day of the following month. This information is required for inclusion in the monthly aircraft utilization report. Additionally, this paperwork will be required before member is reimbursed for any flight time or fuel expense in member owned/furnished aircraft.

6-4 Added Approved use of member owned/furnished aircraft will be reimbursed at the approved maintenance reimbursement rate IAW CAPR 173-3, Attachment 1 and the actual cost of fuel used. If possible, member owned/furnished aircraft should start reimbursable CAP flight activity with full tanks and be completely refueled on completion of CAP flight activity. If weight/balance or other fueling considerations prevent this, then the fuel reimbursement will be based on the following formula: POH for fuel burn at 75% cruise power X flight time @ the current market value for fuel. Only that flight time and fuel associated with a funded CAP mission or pre-approved by the Wing Commander will be reimbursed. Reimbursement should be made within 10 days of the flight in question on a CAPF 108 with original or copied receipts for any fuel purchases attached. These forms should be turned in to the Air Operations Branch Director at a given mission base or forwarded to the Wing Director of Administration at the conclusion of the mission.



Blake Cole, Maj.
Director of Administration



Joseph Jensen, Colonel, CAP
Commander

Attachments:

1. ARCAMP 60-1a, Arkansas Wing CAP Pilot Flight Record
2. ARCAMP 60-1b, Arkansas Wing CAP Pilot Qualification Card
3. ARCAMP 60-1c, Section I (Initial Checkout)
4. ARCAMP 60-1d, Section II (Currency)
5. ARCAMP 60-1e, Section III (Documents)
6. ARCAMP 60-1f, Section IV (Special Qual)
7. ARCAMP 66-1f, Aircraft Utilization

OPR: DO

Distribution: Each Unit (1), CAP-LO, AR (1), SWR (1), HQ CAP/DO (1)

ARKANSAS WING CAP PILOT FLIGHT RECORD

IN ORDER TO PROPERLY CAPTURE THE DATA REQUIRED BY NATIONAL HEADQUARTERS ON ALL ACTIVE PILOTS, THIS FORM MUST BE COMPLETED WITH ALL AVAILABLE INFORMATION.
CURRENT COPY OF THIS FORM SHALL BE RETAINED IN PILOT FILE AT UNIT ASSIGNED.
WHEN DATES ARE ASKED FOR, PLEASE ENTER AS DD/MMM/YY. EXAMPLE: 31 May 99

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		CAP SERIAL #
		HOME PHONE
		WORK PHONE
UNIT NAME Arkansas Wing		CHARTER NUMBER 001
PILOT CERTIFICATE <input type="checkbox"/> STU <input type="checkbox"/> PVT <input type="checkbox"/> COM <input type="checkbox"/> ATP		
AIRCRAFT CLASS <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> GLIDER <input type="checkbox"/> High Performance Endorsement checked by		
INSTRUMENT RATING <input type="checkbox"/> YES <input type="checkbox"/> NO		
INSTRUCTOR RATING <input type="checkbox"/> CFI <input type="checkbox"/> CFII		
CAP QUALIFICATIONS: <input type="checkbox"/> CHECK PILOT <input type="checkbox"/> MISSION CHECK PILOT <input type="checkbox"/> INSTRUCTOR PILOT <input type="checkbox"/> INSTRUMENT PILOT <input type="checkbox"/> CADET ORIENTATION PILOT <input type="checkbox"/> TRANSPORT PILOT <input type="checkbox"/> PILOT <input type="checkbox"/> MISSION PILOT		
MEDICAL CLASS: 1ST	EXPIRATION DATE:	DATE OF LAST BFR:
DATE OF LAST WINGS PROGRAM:		PHASE: I
DATE OF CAP FORM 5 FLIGHT CHECK: IN AIRCRAFT CPF 320		TYPE AIRCRAFT: C-172 / N538CP
AIRCRAFT CURRENTLY QUALIFIED IN: <input type="checkbox"/> C-172 <input type="checkbox"/> C-172 S <input type="checkbox"/> C-182 <input type="checkbox"/> C-182 T <input type="checkbox"/> C-182 T (G1000) VFR ONLY <input type="checkbox"/> C-182 T (G1000) INSTRUMENT <input type="checkbox"/> OTHER		
DATE OF MISSION CHECK RIDE, CAP FORM 91		DATE OF LAST FLIGHT CLINIC:
DATES OF INITIAL CAP FORM 5 FLIGHT CHECKS: C-172: C-182: C-182 T (G1000)		
TOTAL HOURS:	HOURS IN LAST 12 MONTHS:	HOURS PIC:
REMARKS:		
REQUEST FOR ORDERS <input type="checkbox"/> CAPF5 <input type="checkbox"/> CAPF 91 <input type="checkbox"/> Instructor Pilot <input type="checkbox"/> Cadet Orientation Pilot		
I certify that the entries on this form and related documents are true and correct to the best of my knowledge. I understand that to fly CAP Corporate aircraft (or aircraft that I own or furnish for use in CAP flights) that I must meet all CAP and FAA requirements, and maintain currency.		
SIGNATURE OF PILOT		DATE (CAP FORM 5)
CHECK PILOT'S SIGNATURE & DATE	SQUANDRON CC SIGNATURE & DATE	WING CC or His Designee Signature & Date

ARKANSAS WING CIVIL AIR PATROL PILOT QUALIFICATION CARD	CARD NUMBER
NAME OF PILOT	DATE ISSUED
UNIT CHARTER # AR 001 Wing	CAPSN
This card certifies the bearer is qualified as a pilot in the Arkansas Wing, Civil Air Patrol (CAP), in accordance with CAP directives. Qualifications are as follows:	
<input type="checkbox"/> Check Pilot <input type="checkbox"/> Mission Check Pilot <input type="checkbox"/> Instructor Pilot	
<input type="checkbox"/> Instrument Pilot <input type="checkbox"/> Cadet Orientation Pilot <input type="checkbox"/> Transport Pilot	
<input type="checkbox"/> Pilot / Expires <input type="checkbox"/> Mission Pilot / Expires	
Pilots Signature	Date

RECORD OF PILOT QUALIFICATION	
Bearer is qualified to fly the following CAP aircraft IAW ARCAP Form 60-1a, Arkansas Wing CAP Pilot Flight Record on file at member's unit of assignment. Annual CAP check ride completed on in C172 / N538C / CPF320 Aircraft.	
<input type="checkbox"/> C-172 <input type="checkbox"/> C-172 S <input type="checkbox"/> C-182 <input type="checkbox"/> C-182 T	
<input type="checkbox"/> C-182 T (G1000 VFR Only) <input type="checkbox"/> C-182 T (G1000 IFR)	
Other	
ISSUING OFFICER	Wing Commander or His Designee

SECTION I (Initial Checkout)

_____ **CAP Form 5 (C-172)**

_____ **CAP Form 5 (C-182)**

_____ **CAP Form 5 (C-182T G1000)**

_____ **CAP Form 5 (Other)**

_____ **CAP Form 5 (Other)**

_____ **QUESTIONNAIRE (C-172)**

_____ **QUESTIONNAIRE (C-172 S)**

_____ **QUESTIONNAIRE (C-182)**

_____ **QUESTIONNAIRE (C-182T)**

_____ **QUESTIONNAIRE (Other)**

_____ **QUESTIONNAIRE (Other)**

SECTION II (Currency)

Expires _____ ARCAP Form 60-1a

Expires _____ Current CAP Form 5
C172 _____ C182 _____ C182T (G1000) _____
Other _____

Expires _____ Current Questionnaire
C-172 _____ C-172S _____
C-182 _____ C-182T _____

Expires _____ Current Questionnaire (Other)

Expires _____ Current Questionnaire (Other)

Expires _____ Annual Written Exam

Expires _____ BFR ____ (See Section 3 Wings Program Level)

Expires _____ Current CAP Form 91 (Mission Pilots)

_____ Statement of Understanding

_____ Waivers

SECTION III (Documents)

Expires _____ CAP Membership Card

Expires _____ ARCAP 60-1b (Pilot Qualification Card)

Expires _____ Current FAA Medical Certificate

Expires _____ Current CAP Form 101 (Mission Pilots)

Expires _____ Current CFI / CFII Certificate

Expires _____ Failed CAPF 5 (Must be kept for 5 years)

_____ Pilot Certificate Issue Date

_____ ROA Card # _____

Expires _____ Current Special Operations Card

Expires _____ Current Wings Program Level Certificate

_____ _____ Training

_____ _____ Training

SECTION IV (Special Qual)

Expires _____ Chief Check Pilot Orders

Expires _____ Check Pilot Orders

Expires _____ Instructor Pilot Orders

Expires _____ Mission Check Pilot Orders

Expires _____ Current Cadet Orientation Pilot Orders

**Expires _____ Current National Check Pilot Stan/Eval
Course Completion Certificate**

_____ Waivers

AIRCRAFT UTILIZATION

N _____ MONTH: _____ UNIT: _____ PREPARED BY: _____

MSN SMBL	TIME	MEMBER PROFICIENCY FLYING MAINTENANCE REIMBURSEMENT			
A1		DATE	NAME	MSN SMBL	TIME
A2					
A3					
A4					
A5					
A6					
A7					
A15					
A18					
A20					
A99					
A911					
B9					
B10					
B11					
B12					
B13					
B14					
B17					
B18					
B20					
B99					
C8					
C9					
C14					
C16					
C17					
C18					
C19					
C20					
C99					
C911					
L1					
TOTAL		Total Time _____ X Rate _____ = \$ _____			

HOBBS		TACH		MAINTENANCE INFORMATION	
END		END		Annual Due	
START		START		Oil Change	
TOTAL		TOTAL		100 hr. Due	
				ELT Due	
				Stat/Tran/Encd Due	

REMARKS: