

SUPERFLEET DRIVER ID APPLICATION

PART I – APPLICANT INFORMATION

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| CAPID | GRADE | FIRST NAME | LAST NAME |
| UNIT CHARTER | PHONE | EMAIL | |

PART II – USER AGREEMENT

1. I have read INWG Supplement 1 – Attachment 5 to CAPR 173-1, *Indiana Wing SuperFleet Card Program*, and understand the requirements associated with use of the SuperFleet card.
2. I understand the SuperFleet card may not be used on expenses that are covered under the National Headquarters issued vehicle credit card.
3. I will only use the SuperFleet card when its use has been approved in advance by the unit that is funding the fuel expense.
4. I understand that unless authorized by INWG/LGT, or higher wing staff officer, expenses other than fuel are not authorized to be made on the SuperFleet card.
5. I will only use the SuperFleet card at participating locations unless advanced approval from the funding unit is obtained and accepts responsibility for any fees incurred with its use.
6. I will submit all receipts to **fm@inwg.cap.gov** within 72 hours of use. I understand and accept that failure to provide receipts within 72 hours may result in suspension of my SuperFleet Card use authorization. I further understand receipts must include the vendor name, purchase description, quantity, cost, and total charged amount. I will write the unit charter number on all receipts.
7. I understand that if my membership expires, or I otherwise leave Indiana Wing, my ID number will be terminated and I will not be eligible for SuperFleet card use. To obtain a new SuperFleet Card ID I must resubmit this application for approval.

Applicant Signature

Date

PART III – REMARKS

MISCELLANEOUS NOTES, REMARKS, OR ADDITIONAL INFORMATION (OPTIONAL)

PART IV – UNIT CERTIFICATION

I confirm that this member is in good standing with Civil Air Patrol. I have reviewed the requirements for use of this program with the member and will ensure its use is in accordance with all applicable requirements and policy associated with the Indiana Wing SuperFleet Card Program.

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| UNIT COMMANDER NAME | UNIT COMMANDER SIGNATURE | DATE |
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PART V – WING CERTIFICATION

The member listed in Part I of this application is authorized issuance of a SuperFleet Driver ID and use of the SuperFleet Card in accordance with the requirements of INWG Supplement 1 (Attachment 5) to CAPR 173-1.

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| WING COMMANDER NAME | WING COMMANDER SIGNATURE | DATE |
|---------------------|--------------------------|------|