

CPX REGISTRATION - UNIT

UNIT NAME		UNIT CHARTER NO.	
ARRIVAL DATE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DEPARTURE DATE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
WE WILL NEED:			
<input type="checkbox"/> AIRCRAFT TIE-DOWN CPF _____ or N _____			
<input type="checkbox"/> VEHICLE PARKING			
<input type="checkbox"/> BILLETING AT ELKHORN ARMORY			
<input type="checkbox"/> MOTEL INFORMATION			
UNIT CONTACT PERSON NAME			CAP GRADE
STREET ADDRESS			
CITY	STATE	ZIP	
EMAIL ADDRESS		TELEPHONE NO.	
WE WOULD LIKE THE FOLLOWING SPECIALTY OJT:			
<u>NAME</u>	<u>CAPID/CAPSN</u>	<u>SPECIALTY CODES</u> (choose up to four codes)	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
SPECIALTY CODES:			
1. MC/IC	6. PA/IO	11. COMMUNICATIONS DIRECTOR	
2. OPERATIONS CHIEF	7. SAFETY	12. FLIGHT LINE	
3. LOGISTICS CHIEF	8. CHAPLAIN	13. PLANNING STAFF	
4. PLANNING CHIEF	9. AIR BRANCH	14. HQ SUPPORT	
5. ADMIN./FINANCE	10. GROUND BRANCH	15. COMMUNICATIONS STAFF	