

OFFICE OF CIVILIAN DEFENSE
CIVIL AIR PATROL

OM-5

NATIONAL HEADQUARTERS
WASHINGTON, APRIL 22, 1942

Subject: Civil Air Patrol Forms Nos. 9 and 10, attached.

To: All Wing Commanders

1. In order to meet operating requirements, it is necessary that the inclosed CAP Forms Nos. 9 and 10 be completed and returned to this Headquarters within the shortest possible time.

2. On Form No. 9, list only equipment and personnel meeting requirements and qualifications as set forth.

3. Subsequent to the submission of Form No. 9, changes may occur which render equipment and personnel, not originally listed, available for duty. In such cases, notify this Headquarters immediately in order that our records may be changed, and change records in Wing Headquarters accordingly.

4. Subsequent to the submission of Form No. 9, equipment and personnel originally listed as available for duty may for various reasons become unavailable. In such cases, notify this Headquarters immediately in order that our records may be altered, and correct records of Wing Headquarters accordingly.

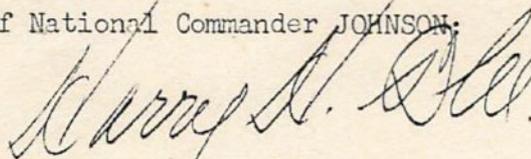
5. Form No. 10 is designed to provide this Headquarters with the data necessary to enable the National Commander to make requisition for available equipment and personnel on a 24-hour basis. It is important that personnel designated at the hours set forth on this Form be familiar with all details concerning the availability of such equipment and personnel in order that there will be no delay in getting into action. A revised Form No. 10 will be submitted to this Headquarters as often as necessary to maintain accurate data.

6. Address all completed CAP Form Nos. 9 and 10 and correspondence pertaining thereto to:

Operations Officer
Civil Air Patrol
DuPont Circle Building
Washington, D. C.

Such mail should be sent so as to reach this Headquarters with the least practicable delay. The use of air mail-special delivery is recommended.

By direction of National Commander JOHNSON:



Harry H. Blee
Colonel, Air Corps
Training & Operations Officer

OFFICE OF CIVILIAN DEFENSE
CIVIL AIR PATROLSPECIAL REPORT--AVAILABLE EQUIPMENT AND PERSONNEL

WING NO. _____, STATE OF _____

1. a. AIRPLANES: _____ (total number available).

Requirements: 90 h.p. or above; two-way radio; equipped for instrument flying; available for coastal patrol duty.

2. a. PILOTS: _____ (total number available).Qualifications: 200 hours or more flying time as a pilot; practical working knowledge of air navigation; skilled in use of Air Navigation Computer; available for duty for thirty days or more.3. a. OBSERVERS: _____ (total number available).Qualifications: May or may not be pilots; officially logged minimum of 30 hours solo flying as student pilot or as observer on air mission; available for duty for thirty days or more.4. a. RADIO OPERATORS: _____ (total number available).Qualifications: Federal Communications Commission Restricted Radiotelephone License, or better; also should be able to send and receive seven words per minute International Morse Code; available for duty for thirty days or more.5. a. RADIO MECHANICS: _____ (total number available).Qualifications: Federal Communications Commission Amateur Class A Operator's License or better; thoroughly familiar with design, construction and servicing of radio-telephone transmitter and radio receiver; available for duty for 30 days or more.6. a. A & E MECHANICS: _____ (total number available).Qualifications: Certificated by Civil Aeronautics Administration; available for duty for thirty days or more.6. b. A & E MECHANICS: _____ (total number available).Qualifications: Not certificated but qualified to function under the direction of certificated mechanics; available for duty for 30 days or more._____
(date)_____
(Name)
Commanding Wing No. _____

OFFICE OF CIVILIAN DEFENSE
CIVIL AIR PATROL

WING DUTY ROSTER--ASSIGNMENT OF OFFICERS IN CHARGE OF AVAILABLE
EQUIPMENT AND PERSONNEL.

WING NO. _____, STATE OF _____.

1-Officers designated should have complete, last-minute information regarding availability of equipment and personnel. They should be authorized to take appropriate action upon request of National Headquarters.

Day of Week	Time	Name	Address	Telephone
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____
_____	_____ to _____ (hour) (hour)	_____	_____	_____

(Date)

(Name)
Commanding Wing No. _____