

AURORA COMPOSITE SQUADRON

PCR-OR-065 REQUEST FORM

Cadet Name (last name, first name, middle initial)

:

CAPID

#

Department name (admin/uniform, drill, testing)

:

Flight Staff Name and Grade

:

Date Requested For (fill out if you are requesting a drill test or an test given by the testing officer)

:

Requested Item (example: 12 ribbon rack/Wright Brothers leadership test)

Remarks

Signature of Cadet Requesting

Date Requested

STAFF WILL FILL IN INFORMATION BELOW THE DOTTED LINE

Date Received

:

Authorized Signature

:

Processing check list

Date

Status

Received		
Processing		
Completed		

Signature of Authorizer After Completion

:

Date of Competition

:
