

CIVIL AIR PATROL
South Carolina Wing Headquarters
P O Box 280065
Columbia SC 29228-0065

S C Wg Supplement 1
CAPR 67-4
1 December 1999

Supply

ACQUIRING, REPORTING, AND DISPOSING OF CORPORATE AIRCRAFT

CAPR 67-4, 1 March 1993, is supplemented as follows:

1-3e (Added) Each unit with a corporate aircraft assigned will submit a SC Wg Form 21, Monthly Aircraft Operations Summary (Atch 1) to **arrive** at wing (Hq SC Wg/CS) not later than the 5th day of each month to report all flight activity for the preceding month. Copies of SC Wg Form 99 (Corporate Aircraft Flight Log) and check(s) for maintenance fees must be attached. Negative reports are required.

NOTE: Wing forms 21 and 99 may be faxed to (803) 822-5326 to meet reporting suspense. If FAX reporting is used, original copies of appropriate forms must be mailed with required checks to arrive not later than the 10th of the month. **Failure to meet the 5th and/or 10th of month suspenses may result in reassignment of a unit's aircraft.**

OFFICIAL:



LAWRENCE W. MARKHAM, Lt Col, CAP
Administrative Officer

HARTSELL O. ROGERS, JR., Colonel, CAP
Wing Commander

SUMMARY OF CHANGES: Incorporates SC WG Form 21 as attachment.

Supersedes S C Wg Supplement 1, 1 March 1997

OPR: CS

Distribution: Each Wg Unit (2) Hq MERgn(1) Hq SC Wg/CC/CV/CS/LO/DO/FM/DA

SC Wg SUP 1, CAPR 67-4

Atch 1 (Dec 99)

A1

MONTHLY AIRCRAFT OPERATIONS SUMMARY						
UNIT: _____		AIRCRAFT: _____		MONTH: _____		YEAR: _____
Ending TACH time: _____		Total airframe time: _____		Total engine time: _____		
Total engine time since major overhaul: _____				Date of last annual inspection: _____		
TACH time at last 100 hr/annual inspection: _____				Date of last pitot static check: _____		
Date of last altimeter/transponder check: _____				Date ELT battery change due: _____		
MISSION SYMBOL	HOURS FLOWN	MISSION NUMBER	MISSION SYMBOL	HOURS FLOWN	MISSION SYMBOL	HOURS FLOWN
*A1	_____	_____	B8	_____	B99	_____
*A1	_____	_____	B9	_____		
*A1	_____	_____	B10	_____	C1	_____
A2	_____	_____	B11	_____	C2	_____
A3	_____	_____	B12	_____	C3	_____
A4	_____	_____	B13	_____		
A5	_____	_____	B14	_____	L1	_____
**A6	_____	_____	B15	_____		
**A6	_____	_____	B16	_____	* Use one line for each msn	
**A6	_____	_____	B17	_____	**Use one line for each msn	
A7	_____	_____	B18	_____		
TOTAL HOURS: _____						
FLIGHT HOURS REQUIRING A MAINTENANCE FEE = _____ X \$15.00= \$ _____						
REMARKS: _____						
[SEE SC Wg SUP 1 TO CAPR 67-4 FOR ATTACHMENTS AND REPORTING SUSPENSE]						
Date _____			Signature of Unit Commander or Ops Officer _____			
SC Wg Form 21, DEC 97 <u>Previous Edition</u> Obsolete Local Reproduction Authorized						