

CAP sUAS Inventory Request Process

Use the following process to request any CAP sUAS asset for training, mission, repair, or replacement, including replacement consumables.

Step 1:

Gather required information:

Requester information: Charter Number, CAP ID

Receiving member information: CAP ID, email, Name, Address, Cell Phone Number

Mission Information: Number, Dates, Description (Location, POC)

sUAS Parts/Kit Request: Qty, Model, Description

Step 2:

Complete the online form to request the sUAS item or part. (See Page 2 for detailed instructions)

If you are missing details from Step 1, stop. Gather details, then complete and submit the form.

Form Link: <https://cap.readyop.com/fs/4dKn/d928079d>

Step 3:

Review and Approvals

- Any additional request received through email will not be reviewed for approval for an inventory or part request.
- The form must be complete. (Mission Information as it applies)

Request review process flow:

Operations: sUAS / Communications

LG: PM

Operations: ES PM

Operations: DO

Operations: Chief

LG: Chief

LG: Shipping

Extension Requests:

If an extension is needed, the request should be made **before** the date under original request, or the extension will be denied.

Additional Notes:

- If you receive equipment for training or exercise that will be used temporarily, there is an expectation the equipment will be sent back. The process for returning the equipment will be shared when the equipment is approved and shipped to you.
- If you are denied a request, you will be contacted.
- Equipment may not always be available due to mission needs and previously scheduled events. As soon as you have an activity or event scheduled, put in your request.

1. Equipment Issue

Enter Charter Number

Requesting Organization

Requesting Person CAPID

Enter your CAP ID

Enter receiving member information

Issue To:
 Individual (Fill in Receiving Member CAPID below) Wing Region

Receiving Member CAPID

Receiving Member Email

Support Type
Permanent Issue

Select Permanent or Temporary

Enter Qty, Model and description (part, kit, controller, etc)

Qty	Aircraft Model	Description
<input type="text"/>	Mavic Mini	<input type="text"/>
<input type="text"/>	Mavic Mini	<input type="text"/>
<input type="text"/>	Mavic Mini	<input type="text"/>
<input type="text"/>	Mavic Mini	<input type="text"/>
<input type="text"/>	Mavic Mini	<input type="text"/>
<input type="text"/>	Mavic Mini	<input type="text"/>

Enter Name, Phone, and valid shipping address. (PO Boxes cannot receive sUAS kits)

Shipping Address and Contact:

Name
First Last

Phone Number

Address

Enter Mission Information Details, if not applicable, leave blank.

2. Mission Information (If Applicable)
Except for "blue" list sUAS, sUAS indoor and outdoor operations on federal installations are suspended until further notice

Mission Number

Mission Start Date ⌚

Mission End Date ⌚

Mission Description / Scenario

Verify the information you have entered and click Submit.