

CAP OWNED VEHICLE (COV) ORIENTATION



Prepared by

Logistics
&

Transportation





Introduction

- This presentation is designed to provide every CAP driver who will operate a Corporate Owned Vehicle (COV) with specific information for his/her successful and safe use of the asset
- All CAP drivers are required to view this presentation as well as to read CAPR 77-1
- Drivers must review the COV Binder in the COV prior to usage



COV



Corporate owned vehicle (COV). Any wheel-mounted vehicle or trailer for highway or land use, owned by and titled in the name of Civil Air Patrol.

CAPR 77-1 Operation and Maintenance of CAP Vehicles



CAP Mobile Assets

- Aircraft
- Trailers
- Ground Vehicles
 - Cars
 - Vans
 - Trucks





First-Things-First

- Operating a CAP COV is a privilege **not a right**
- All CAP regulations, national, regional and wing level must be complied with
- Wing logistic directors have the authority of managing all wing assets including COVs
- Anyone driving CAP COVs must have a valid State and CAP drivers license (CAPF 75)
- **All COV Drivers must read the COV Binder** in the COV to be familiar with its contents and updates prior to starting engine. Radio, Credit Card, Registration, and Insurance information are in the binder as well as CAPF 73.



Operating A CAP COV

- Drivers must obey all federal, state, commonwealth, local laws, regulations and ordinances governing the operation of motor vehicles
- While operating vehicles, both COV and Personal (POV), drivers must obey all military or governmental vehicle regulations especially speed and stop signs
- Seat belts must be fastened for the driver and all passengers within



Obtaining a CAP Drivers License (CAPF 75)

- You must possess a valid State drivers license
- You must obtain a Drivers license abstract from Department of Motor Vehicles
- It is strongly urged to take a points and insurance reduction defensive driving course whether you have points on your license or not.



Obtaining a CAP Drivers License (CAPF 75)

- Through your Logistics or Transportation Officer, send the appropriate wing or region authority the following:
 - (a) copy of drivers license,
 - (b) current official Drivers Abstract report from the member's state DMV office
 - (c) copy of your CAPID
 - (d) your Group Transportation Officer will send filled out NYW CAPF 75a with to Wing Transportation Officer who is responsible for CAPF 75 issuance.



COV Rules and Regulations

- Any CAP senior member who is over 21 and authorized to drive a CAP vehicle may do so with passengers (up to the applicable max number of passengers allowable)
- Any CAP senior member who is under 21 years of age and authorized to drive a CAP vehicle may do so but **MAY NOT** carry ANY passengers
- CAP members **MAY NOT** drive any federally owned vehicles



New Rules for CAPF 75

- Shortly a consolidated Card will produced listing a member's Mission, Driver, and Communications specialties.
- This card will also show specific COV Operating Clearances for the individual.
- Follow Temporary CAPF 75 application instructions to be posted.
- Sample is shown on next slide.



103442 - Lt Col Edward V. Le Feber

[View Qualifications](#) [View/Upload Documents](#)

5 Of 6 Tasks Completed

Save	Task	Status (hover for more info)	*Task Data Required
Age Check - No. of Required Tasks: 1			
	Age eligibility check		
State Drivers License Requirements - No. of Required Tasks: 4			
<input type="checkbox"/>	Date of State Driving Record	ACTIVE	15 Dec 2010
<input type="checkbox"/>	Driving record verified compliant with CAPR 77-1	ACTIVE	15 Dec 2010
<input type="checkbox"/>	State Drivers License Expiration Date	ACTIVE	31 Dec 2015
<input type="checkbox"/>	State Drivers License State	ACTIVE	NY
Authorized Vehicles - No. of Required Tasks: 1			
<input type="checkbox"/>	CAP Drivers License Authorized Vehicles	ACTIVE	<input checked="" type="checkbox"/> Sedan <input checked="" type="checkbox"/> 7 Passenger <input checked="" type="checkbox"/> 12 Passenger <input type="checkbox"/> 15 Passenger <input type="checkbox"/> Pickup Truck <input type="checkbox"/> Special Purpose Vehicles <input type="checkbox"/> Tow Trailers over 2000 Pounds



Use of CAP VOYAGER GAS Card

- Please Pay Attention to the next slide
- (Scroll slowly through next slide)



1 JUNE 2011

Finance

USE OF CREDIT FUEL ASSIGNED TO CAP CORPORATE OWNED VEHICLE (COV)

This instruction prescribes the procedures for the use of Fuel Credit Card, which is restricted to the purchase of **motor fuel only** for/during a reimbursed mission assigned to Civil Air Patrol that has been issued a Mission Authorization/Mission Number by the agency/department authorizing Civil Air Patrol to support the numbered mission.

1. Credit Card Charges not associated with a Mission Authorization/Mission Number are not authorized.
2. Credit Card may be used only for the COV indicated on the card.
3. User will submit original credit card receipt to NYWG Director of Operations at conclusion of mission.
4. Credit Card will be maintained in plastic holder inside front of COV Binder.
5. Credit Card is part of the COV binder and considered COV equipment.
6. Credit Card is a logistics responsibility under CAP Corporate Property Accountability.
7. Credit Card has a restricted charge limit of \$250.00 (Two hundred fifty dollars).
8. Loss of, or damage to, Credit Card will be immediately reported to the Director of Logistics or Operations:

NYWG/LG: 585-442-0108

NYWG/DO: 585-738-7148

9. Failure to comply with the above may result in Credit Card privileges being revoked and/or personnel actions taken by higher authority.
10. Universal Personal Identification Number (PIN) for usage/activation is 1218.

Authorized:



Use of Vehicles at Encampment

What should you do if you need the use of a CAP vehicle

- Gain permission from Transportation Officer
- Contact Transportation officer before taking the vehicle
- Complete daily inspection form (you must do so before vehicle use as per CAP regulations found in CAPR 77-1)



Vehicle Inspection

- Use NYWg Vehicle Inspection Form
- Any items not in safe working order, must be replaced/repared before vehicle is used
- Inspection of vehicle is conducted both inside and outside
- All vehicle fluids are checked and brought to safe levels or replaced all together



CAP Vehicle Inspection Items

- Fluids: Oil, power steering, transmission, coolant, washer fluid
- Note any external/internal damage
- Check: All engine belts, horn, back up alarm, lights (front and back) and directional indicators (emergency indicators as well); **safety devices**: seat belts, fire extinguisher and first-aid kit
- Tire pressure – ensure all tires are filled to specified pressure *FAQ-where is it noted?*



CAP Vehicle Inspection Items

- Check: Brakes, all instruments, windshield wipers, steering, windows, battery condition, radio and antenna mounts
- Confirm and note the following:
 - State inspection date
 - Mileage
 - Proof of insurance
 - Proof of registration
 - Fuel level of vehicle



At the beginning...

Enter date as:
April 2010

Enter mileage from
odometer

Enter just the
squadron number
Such as 306, 302
etc

This is the year the
van was made –
Check the
registration

Enter "NY/NER"

VIN is from van
title, insurance
card or
registration

Check all 19 items
on the safety
checklist each time
the van is utilized

TIME AND VEHICLE USAGE DATA					
<i>(Enter Number of Hours (rounded up) Under the Appropriate Use Category)</i>					
TIMES USED	ADMIN	CADET ACTIVITIES	MISSION SUPPORT	OTHER	OTHER DESCRIPTION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
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21.					
22.					
23.					
24.					
25.					
26.					
TOTAL					

* ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK
* ANNOTATE TOTAL NUMBER OF HOURS IN THE LOWER RIGHT SECTION OF BLOCK

CAP VEHICLE INSPECTION GUIDE AND USAGE DATA		
MONTH / YEAR	← END OF MONTH ODOMETER READING	
WING / REGION	← CHARTER	
VEHICLE IDENTIFICATION NO. (VIN)	← YEAR OF VEHICLE	
VEHICLE MAKE	VEHICLE MODEL	FIELD ID NO.
ITEMS TO BE CHECKED DAILY <i>(operator's signature required on inside page to verify inspection)</i>		
1.	REGISTRATION / PROOF OF INSURANCE	
2.	FIRE EXTINGUISHER / FIRST AID KIT	
3.	DAMAGE (exterior and interior, missing parts)	
4.	TIRES (visually check for damage / abnormalities)	
5.	CHECK FLUID LEVELS (oil, transmission, brake, power steering and coolant) (check according to manufacturers instructions)	
6.	BATTERY CONDITION	
7.	LEAKS (visually check fuel / oil / coolant)	
8.	DRIVE BELTS / HOSES (visually check for fraying or cracking)	
9.	LIGHTS (visually check for proper operation)	
10.	BACK UP ALARM / EMERGENCY FLASHERS (functionally check proper operation)	
11.	SAFETY DEVICES (seatbelts / harness, headrests, etc.)	
12.	INSTRUMENTS / HORN (functionally check proper operation)	
13.	WINDSHIELD WIPERS / WASHER (functionally check for proper operation / condition)	
14.	BRAKES / STEERING (functionally check responsive / effective / smooth)	
15.	MIRRORS (rearview / side)	
16.	EXHAUST SYSTEM	
17.	WINDOWS (functionally check proper operation)	
18.	RADIO MOUNTS (CAP added equipment)	
19.	CURRENT STATE INSPECTION STICKER (if applicable)	
20.	TIRE PRESSURE (checked monthly) – requires signature and date below	
Signature:		Date Performed:



At the beginning (continued)...

TIME AND VEHICLE USAGE DATA					
<i>(Enter Number of Hours (rounded up) Under the Appropriate Use Category)</i>					
TIMES USED	ADMIN	CADET ACTIVITIES	MISSION SUPPORT	OTHER	OTHER DESCRIPTION
1.					
2.					
3.					
4.					
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7.					
8.					
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11.					
12.					
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15.					
16.					
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18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
TOTAL					

* ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK
 * ANNOTATE TOTAL NUMBER OF HOURS IN THE LOWER RIGHT SECTION OF BLOCK

CAP VEHICLE INSPECTION GUIDE AND USAGE DATA		
MONTH / YEAR		END OF MONTH ODOMETER READING
WING / REGION		CHARTER
VEHICLE IDENTIFICATION NO. (VIN)		YEAR OF VEHICLE
VEHICLE MAKE	VEHICLE MODEL	FIELD ID NO.
ITEMS TO BE CHECKED DAILY <i>(operator's signature required on inside page to verify inspection)</i>		
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16.	EXHAUST SYSTEM	
17.	WINDOWS <i>(functionally check proper operation)</i>	
18.	RADIO MOUNTS <i>(CAP added equipment)</i>	
19.	CURRENT STATE INSPECTION STICKER <i>(if applicable)</i>	
20.	TIRE PRESSURE <i>(checked monthly) - requires signature and date below)</i>	
Signature:		Date Performed:

CAP FORM 73, SEP 03 PREVIOUS EDITIONS WILL NOT BE USED AFTER 30 NOV 03
 OPR/ROUTING: LGT

This is the 5 digit Wing assigned #

All NY vans #s start with 31 as in 31XXX

Enter the model. Van, Pick-up, Minivan, 4x4, etc.

Who made the van. Ford, Chevrolet, Dodge

These are the system numbers you will use on the back left side

This signature/date is for the monthly tire pressure check **ONLY**



And on the left...

Enter the number of hours the van is used for the entire activity in these blocks

This number is the times the van is used, not the date

Describe any unusual use in this column – Use this column for van maintenance

The top part of this block is the sum of all the times used

The bottom is the sum of all the hours the van is used

TIME AND VEHICLE USAGE DATA					
<i>(Enter Number of Hours (rounded up) Under the Appropriate Use Category)</i>					
TIMES USED	ADMIN	CADET ACTIVITIES	MISSION SUPPORT	OTHER	OTHER DESCRIPTION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
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22.					
23.					
24.					
25.					
26.					
TOTAL					
* ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK					
* ANNOTATE TOTAL NUMBER OF HOURS IN THE LOWER RIGHT SECTION OF BLOCK					

CAP VEHICLE INSPECTION GUIDE AND USAGE DATA		
MONTH / YEAR		END OF MONTH ODOMETER READING
WING / REGION		CHARTER
VEHICLE IDENTIFICATION NO. (VIN)		YEAR OF VEHICLE
VEHICLE MAKE	VEHICLE MODEL	FIELD ID NO.
ITEMS TO BE CHECKED DAILY		
<i>(operator's signature required on inside page to verify inspection)</i>		
1.	REGISTRATION / PROOF OF INSURANCE	
2.	FIRE EXTINGUISHER / FIRST AID KIT	
3.	DAMAGE <i>(exterior and interior, mizing parts)</i>	
4.	TIRES <i>(visually check for damage / abnormalities)</i>	
5.	CHECK FLUID LEVELS <i>(oil, transmission, brake, power steering and coolant) (check according to manufacturers instructions)</i>	
6.	BATTERY CONDITION	
7.	LEAKS <i>(visually check fuel / oil / coolant)</i>	
8.	DRIVE BELTS / HOSES <i>(visually check for fraying or cracking)</i>	
9.	LIGHTS <i>(visually check for proper operation)</i>	
10.	BACK UP ALARM / EMERGENCY FLASHERS <i>(functionally check proper operation)</i>	
11.	SAFETY DEVICES <i>(seatbelts / harness, headrests, etc.)</i>	
12.	INSTRUMENTS / HORN <i>(functionally check proper operation)</i>	
13.	WINDSHIELD WIPERS / WASHER <i>(functionally check for proper operation / condition)</i>	
14.	BRAKES / STEERING <i>(functionally check responsive / effective / smooth)</i>	
15.	MIRRORS <i>(rearview / side)</i>	
16.	EXHAUST SYSTEM	
17.	WINDOWS <i>(functionally check proper operation)</i>	
18.	RADIO MOUNTS <i>(CAP added equipment)</i>	
19.	CURRENT STATE INSPECTION STICKER <i>(if applicable)</i>	
20.	TIRE PRESSURE <i>(checked monthly) - requires signature and date below)</i>	
Signature:		Date Performed:



On the back, on the right...

VEHICLE OPERATOR DISCREPANCY REPORT		
ITEM NO.	DISCREPANCY	DATE FOUND

OPERATOR'S SIGNATURE <i>(SIGNATURE SIGNIFIES ACCOMPLISHMENT OF INSPECTION)</i>			
DAY	SIGNATURE	DAY	SIGNATURE
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

ADDITIONAL COMMENTS

This is the day of the month you use the van

The first driver of the day signs with CAPID here on the date they inspect the vehicle prior to use –This also certifies that all safety checks 1 through 19 have been completed

Make any comments here – note maintenance such as oil changes, repair, state inspections, monthly cleaning, waxing, etc.



On the back, on the left...

Enter the number of the system from the front right side of this form in this column

Fully explain the problem with the system in this column

Enter the date you find the problem in this column

VEHICLE OPERATOR DISCREPANCY REPORT		
ITEM NO.	DISCREPANCY	DATE FOUND

OPERATOR'S SIGNATURE <i>(SIGNATURE SIGNIFIES ACCOMPLISHMENT OF INSPECTION)</i>			
DAY	SIGNATURE	DAY	SIGNATURE
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

ADDITIONAL COMMENTS



Example of a properly completed front Form 73

TIME AND VEHICLE USAGE DATA					
<i>(Enter Number of Hours (rounded up) Under the Appropriate Use Category)</i>					
TIMES USED	ADMIN	CADET ACTIVITIES	MISSION SUPPORT	OTHER	OTHER DESCRIPTION
1.	4	3	4		
2.		8	2		
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
TOTAL	1	4	2	11	2
* ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK					
* ANNOTATE TOTAL NUMBER OF HOURS IN THE LOWER RIGHT SECTION OF BLOCK					

Add up the number of hours the van was used here...

Enter the number of times the van was used here

Enter the sum of the hours here

CAP VEHICLE INSPECTION GUIDE AND USAGE DATA			
MONTH / YEAR	April 2010	END OF MONTH ODOMETER READING 000000	
WING / REGION	NY/NER	CHARTER	000
VEHICLE IDENTIFICATION NO. (VIN)	1DEC1941VAN111	YEAR OF VEHICLE 2009	
VEHICLE MAKE	Ford	VEHICLE MODEL	Van
		FIELD ID NO.	31XXX
ITEMS TO BE CHECKED DAILY			
<i>(operator's signature required on inside page to verify inspection)</i>			
1.	REGISTRATION / PROOF OF INSURANCE		
2.	FIRE EXTINGUISHER / FIRST AID KIT		
3.	DAMAGE <i>(exterior and interior, missing parts)</i>		
4.	TIRES <i>(visually check for damage / abnormalities)</i>		
5.	CHECK FLUID LEVELS <i>(oil, transmission, brake, power steering and coolant) (check according to manufacturers instructions)</i>		
6.	BATTERY CONDITION		
7.	LEAKS <i>(visually check fuel / oil / coolant)</i>		
8.	DRIVE BELTS / HOSES <i>(visually check for fraying or cracking)</i>		
9.	LIGHTS <i>(visually check for proper operation)</i>		
10.	BACK UP ALARM / EMERGENCY FLASHERS <i>(functionally check proper operation)</i>		
11.	SAFETY DEVICES <i>(seatbelts / harness, headrests, etc.)</i>		
12.	INSTRUMENTS / HORN <i>(functionally check proper operation)</i>		
13.	WINDSHIELD WIPERS / WASHER <i>(functionally check for proper operation / condition)</i>		
14.	BRAKES / STEERING <i>(functionally check responsive / effective / smooth)</i>		
15.	MIRRORS <i>(rearview / side)</i>		
16.	EXHAUST SYSTEM		
17.	WINDOWS <i>(functionally check proper operation)</i>		
18.	RADIO MOUNTS <i>(CAP added equipment)</i>		
19.	CURRENT STATE INSPECTION STICKER <i>(if applicable)</i>		
20.	TIRE PRESSURE <i>(checked monthly - requires signature and date below)</i>		
Signature:	Van Operator 123456		Date Performed: 3 Apr 10



Example of a properly completed back Form 73

VEHICLE OPERATOR DISCREPANCY REPORT		
ITEM NO.	DISCREPANCY	DATE FOUND
7	Static oil leak at front of oil pan	3 Apr 10
16	Hole in rear of muffler near top.	3 Apr 10
	NO VAN USE TILL REPAIRED!	

OPERATOR'S SIGNATURE (SIGNATURE SIGNIFIES ACCOMPLISHMENT OF INSPECTION)				
DAY	SIGNATURE	DAY	SIGNATURE	
1		17		
2		18		
3	<i>Driver One 123456</i>		19	
4		20		
5		21		
6		22		
7		23		
8		24		
9		25		
10		26		
11		27		
12		28		
13		29		
14		30		
15		31		
16				

ADDITIONAL COMMENTS

Appt Auto Repair Shop 0800 4 Apr 10 to get estimate to repair muffler. Will fax to NYWG HQ for submission to NHQ for review and approval prior to repair.



NYWg Daily Inspection Form

This is a supplemental form to be filled out daily whenever the vehicle is used

CAP DAILY VEHICLE INSPECTION

- REGISTRATION PROOF OF INSURANCE FIRE EXTINGUISHER
- FIRST AID KIT DAMAGE (in and out) TIRES (pressure & tread)
- CHECK FLUID LEVELS SPARE TIRE (pressure & tread)
- OIL TRANSMISSION BRAKE
- POWER STEERING COOLANT WASHER
- FUEL full 1/2 3/4 empty

*****VEHICLE SHOULD BE RETURNED FULL FUEL AND CLEAN IN & OUT*****

***** NOTE ANY LEAKS OR PROBLEMS IN COMMENTS *****

- DRIVE BELTS / HOSES (visually check for fraying or cracking)
- BATTERY CONDITION LIGHTS BACK UP ALARM
- EMERGENCY FLASHERS SAFETY DEVICES (seatbelts / harness, headrests, etc.)
- INSTRUMENTS / HORN (functionally check proper operation)
- WINDSHIELD WIPERS MIRRORS (rearview / side)
- BRAKES / STEERING (functionally check responsive / effective / smooth)
- WINDOWS (functionally check proper operation)
- RADIO MOUNTS (CAP added equipment)
- CURRENT STATE INSPECTION STICKER expiration date _____

COMMENTS: _____

***** CIRCLE ANY DAMMAGE TO VEHICLE *****



VEHICLE # _____ TYPE _____ MILEAGE _____

Signature: _____ Date Performed: _____



Vehicle Do's

- Do leave early enough to leave time for traffic and weather conditions
- Do drive vehicle ONLY in a safe manner
- Do obey all local and base traffic signs
- Do carry maps of the local area with you at all times
- Do listen to all logistics briefings on vehicle use
- Do stop vehicle immediately if you suspect any problems and seek instruction from higher authority – **SAFETY FIRST!**



Vehicle Don'ts

- *Do not* pull away until the vehicle is inspected and all passengers including driver are wearing seat belts
- *Do not* pull away unless there is enough gas in the vehicle to get to destination with some to spare. COV are to be topped off in order to be ready for next usage
- *Do not* go faster than the allowable speed limit



More Vehicle Don'ts

- *Do Not* apply decaling or signage other than that provided by NHQ
- *Do not* permit use of tobacco products of any sort within any COV per CAPR 77-1.
- *Do not* use cell phone or text on cell phone when driving. This is a violation of CAPR 77-1 and New York Motor Vehicle Law.



What If?

What if an accident occurs?

- Pull off to the side of the road to a safe area
- Immediately contact the Transportation or Logistics officer **and** Wing Safety officer. A CAPF 78 must be filed online for all accidents.
- Contact Police for accident report regardless of how minor the damage may appear
- Fill out NYS MV 104 Form provided. Be sure to document the date, time, and the other driver's license, registration and as much additional information as possible



What if?

What if emergency repairs are needed?

- Immediately contact the Wing Logistic Director or Wing Transportation officer
- Follow all instructions given by Wing Logistic Director or Wing Transportation officer



Summary

- **SAFETY FIRST** at all times
- Obey all traffic signs
- Inspect vehicles daily – ensure fluid levels and tire pressure meet all standards
- Wear seat belts at all times
- Ask if your unsure of anything
- **Vehicle MUST be returned FULLY FUELED and MISSION READY !!!!!!!!!!!**



- The tire pressure for each tire is indicated above the wheel well above each tire