

# APPLICATION FOR U.S. FORCES POV CERTIFICATE OF LICENSE AND ALLIED TRANSACTIONS

(AE Reg 190-1/CNE-CNA-C6F Inst 11240.6X/USAFE-AFAFRICA Inst 31-202)

Data Required by the Privacy Act of 1974

**Authority.** Article 9, Supplementary Agreement to NATO SOFA; 10 USC 3012.

**Principal purpose(s).** To evaluate an application for a U.S. Forces privately owned vehicle (POV) certificate of license and to issue a license on establishment of eligibility.

**Routine use(s).** a. To verify the licensed status of individuals to both U.S. and foreign law-enforcement, investigative, and administrative authorities, to attorneys representing clients, and to insurance companies.

b. To record elements of an individual's driving history (for example, to record suspension or revocation of license or declaration of ineligibility for a license) and, when warranted, to take or recommend appropriate action.

c. For internal locator purposes within the USAREUR Registry of Motor Vehicles.

d. To support requests for miscellaneous services submitted by individuals to the USAREUR Registry of Motor Vehicles.

e. See routine uses set forth in 40 Federal Register 35151.

**Note:** Motorcyclists - Provide proof of successful completion of a Motorcycle Safety Foundation course. Military Only.

\*\*\*\*\* **DO NOT MAIL THIS APPLICATION TO THE REGISTRY OF MOTOR VEHICLES — TAKE IT TO YOUR LOCAL DRIVER TESTING STATION** \*\*\*\*\*

## FILL OUT ONLY THE YELLOW BOXES

<b>License number</b>	<b>Effective date (YYYYMMDD)</b>	<b>Expiration date (YYYYMMDD)</b>	<b>Codes</b>
To be completed by registry personnel only.			

Applicant Information			
<b>1. Grade/Rank</b>	<b>2. Name</b> (last, first, middle)	<b>3. Date of birth (YYYYMMDD)</b>	<b>4. Place of birth (city/state/country)</b>

<b>5. N/A</b>	<b>6. DOD ID number</b>	<b>7. U.S. or country driver's license no.</b>	<b>8. State/country</b>	<b>9. Expiration date (YYYYMMDD)</b>
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<b>10. Military mailing address; or CMR number; box number; and APO</b>	<b>11. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>12. Organ donor</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>13. Corrective lenses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>14. N/A</b>	<b>15. N/A</b>	<b>16. For Dependants Only - Sponsor's Full Name and Rank</b>	<b>17. Telephone number</b>	<b>18. N/A</b>
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<b>19. Organization/Unit</b>	<b>20. E-mail</b>	<b>21. Branch of service</b>
		<b>Military</b> <input type="checkbox"/> Army <input type="checkbox"/> AF <input type="checkbox"/> Navy <input type="checkbox"/> Other <b>Civilian</b> <input type="checkbox"/> Army <input type="checkbox"/> AF <input type="checkbox"/> Navy <input type="checkbox"/> Other

License Information		Examiner Information	
<b>22. Type of application</b>	<b>23. Class of license</b>	<b>24. Restrictions</b>	<b>25. Examiner statement</b>
<input type="checkbox"/> Initial <input type="checkbox"/> Replacement <input type="checkbox"/> Addition of class <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Changes <input type="checkbox"/> EU or NATO transfer <input type="checkbox"/> Restriction <input type="checkbox"/> German transfer	<input type="checkbox"/> 1 250 cc+ <input type="checkbox"/> 1A 80 cc - 250 <input type="checkbox"/> 1B Less than 80 cc & 80 kph <input type="checkbox"/> 2 Truck <input type="checkbox"/> 2 Bus # Passengers _____ <input type="checkbox"/> 3 Auto <input type="checkbox"/> 4 Less than 50 cc & up to 50 kph <input type="checkbox"/> 5 Less than 50 cc & up to 25 kph	<input type="checkbox"/> Letter <input type="checkbox"/> Medical <input type="checkbox"/> Auto trans only <input type="checkbox"/> Daylight only	<div style="font-size: 2em; font-weight: bold;">Station Stamp</div>

<b>26. Applicant statement</b>	<b>Paid Stamp</b>
<p>I am familiar with the provisions of the directives cited above and am qualified for a U.S. Forces POV certificate of license. I am aware that any false or misleading information submitted by me may subject me to administrative and/or disciplinary action. I am familiar with the implied consent provisions of the directives cited above and understand that my U.S. Forces POV certificate of license will be revoked if I refuse to submit to a blood-alcohol test at the request of U.S. military security police, Navy shore patrol, or German police who suspect me to be operating a vehicle while my ability to do so is impaired by alcoholic beverages.</p>	

<b>Date (YYYYMMDD)</b>	<b>Applicant's signature</b>	<b>*** Applicants over age 65 must have their eyes examined by an optometrist or licensed vision professional within 60 days of license renewal. ***</b>
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<b>27. Test scores and dates for driver testing only</b>	<b>28. Have you ever been convicted or have/had a driver's license suspended/revoked for driving under the influence of alcohol (DUI/DWI) or refusing to consent to a BAC? If yes, where and when?</b>	Block 7-8      Enter state or country license information. Block 9.        Enter expiration date of state or country license. Block 12.      Mark "Yes" if you wish to be an organ donor, mark "No" if you do not. Block 13.      Mark the appropriate box to indicated whether or not you wear glasses or contact lenses. Blocks 22-23.   Mark appropriate blocks. Blocks 26 & 28. Sign and date
a. Military license number _____ b. <b>Date of orientation (YYYYMMDD)</b> _____ c. Written test score _____ d. Failed version _____ ; Failed version _____ e. Eye test _____ f. Failed version _____ g. Motorcycle written test score _____ h. Motorcycle safety foundation card date issued _____ i. Air Force motorcycle course date taken _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____ When: _____ <b>Applicant's signature</b>	