

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.

Mandatory or voluntary disclosure and effect on individual not providing information. The disclosure of personal information, including social security number (SSN), is mandatory to obtain a license. Failure to provide any item of the information will result in rejection of the application. Rejection for this reason is necessary since names do not provide an individual with a unique identification.

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 *******

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

Applicant Information			
1. Grade	2. Name (last, first, middle)	3. Date of birth (YYYYMMDD)	4. Place of birth (city/state/country)
5. SSN	6. DOD ID number	7. U.S. or country driver's license no.	8. Expiration date (YYYYMMDD)
9. Military mailing address; unit, PSC, or CMR number; box number; and APO		10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Organ donor <input type="checkbox"/> Yes <input type="checkbox"/> No
			12. Corrective lenses <input type="checkbox"/> Yes <input type="checkbox"/> No

Sponsor Information			
13. SSN	14. DOD ID number	15. Name (last, first, middle)	16. Telephone number
17. Grade			
18. Organization		19. Branch of service	
		Military <input type="checkbox"/> Army <input type="checkbox"/> AF <input type="checkbox"/> Navy <input type="checkbox"/> Other	
		Civilian <input type="checkbox"/> Army <input type="checkbox"/> AF <input type="checkbox"/> Navy <input type="checkbox"/> Other	

20. Type of application	21. License Information	22. Restrictions	23. Examiner Information
<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	Class of license <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	Examiner statement I have examined the applicant according to AE Reg 190-1/CNE-CNA-C6F Inst 11240.6X/USAFE-AFAFRICA Inst 31-202. The applicant has satisfactorily passed all required tests. Date (YYYYMMDD) _____ Examiner's signature _____

24. Applicant statement	Paid Stamp
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.	

Date (YYYYMMDD) _____	Applicant's signature _____	*** Applicants over age 65 must have their eyes examined by an optometrist or licensed vision professional within 60 days of license renewal. ***
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25. Test scores and dates for driver testing only	26. 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?	Block 5. Enter applicant's social security number (SSN); if no SSN, use passport no.; ID card no.; or sponsor's SSN. Block 7. Enter state or country license information. Block 8. Enter expiration date of state or country license. Block 11. Mark "Yes" if you wish to be an organ donor, mark "No" if you do not. Block 12. Mark the appropriate box to indicated whether or not you wear glasses or contact lenses. Blocks 13-19. To be completed by all applicants, even if the applicant is the sponsor. Block 17. Enter military sponsor's grade (for example, SPC, SGT, MAJ, GS-9), not pay grade. Blocks 20-22. Mark appropriate blocks. Blocks 24 & 26. Sign and date
a. Military license number _____ b. Date of orientation (YYYYMMDD) _____ 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: _____ Applicant's signature _____	