

DRIVER'S CHECK LIST

PLEASE COMPLETE AND WRITE LEGIBLE

SSN: _____ Rank: _____

Last name: _____ First name _____ MI _____

Date of birth: YYYY _____ MM _____ DD _____

Place of birth: City _____ State _____

State license: State _____ Class of license _____ License # _____

Military address: Unit _____ CMR _____ Box # _____ APO _____

Hair color: _____ Eye color _____ Weight (pounds) _____ Height (feet) _____

Organ donor: yes no Glasses or corrective lenses: yes no

Telephone: DSN # _____ or cell phone # _____

Sponsor's SSN: _____ Sponsor's rank: _____

Sponsor's last name: _____

Sponsor's first name: _____ MI: _____

FOR OFFICIAL USE ONLY

Date of orientation: _____

Date 1. Test: _____ passed (score) _____ failed (score) _____ Version _____

Date 2. Test: _____ passed (score) _____ failed (score) _____ Version _____

Date 3. Test: _____ passed (score) _____ failed (score) _____ Version _____

Remarks: _____