DRIVER’S CHECK LIST

PLEASE COMPLETE AND WRITE LEGIBLE

SSN: ___________________________ Rank: ______

Last name: ______________________ First name ______________________ MI __

Date of birth: YYYYYY 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 _ _______________ ______

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: ________________________________