

Date requested _____

Date for Pickup _____

TMP Request Form

1. Initial Renew Duplicate
2. Active Duty Civilian LN

Name (Last, First, MI) _____

Last Four SSN or Pass _____

Sex _____

Date of Birth _____

Color Hair _____

Color Eyes _____

Height (Ft & Inches) _____

Weight (Lbs) _____

Do you wear glasses and is it endorsed on your Stateside Driver's License _____

Phone Number _____

Organization _____

Stateside Driver's License Information

State who issued DL (example: Virginia) _____

Number of Stateside DL (example: 1234123) _____

Date you received your SETAF License (example 8 AUG 16) _____

SETAF License Number (example: VIC-12345)_VIC- _____

Processed By _____