*Office staff only. Do not fill out this box.

Signature: _____ FTDP: _____ Lerner's Permit: _____ POV EXP _____ License Issued Date: _____

Class Date _____ **APPLICATION FOR OPERATOR'S PERMIT FOR CIVILIAN VEHICLE**

PART I - APPLICATION

1. Name: Last, First, MI	2. Sex: M/F	3. Date of Birth (**MM/DD/YYYY**)	4. Weight (**pounds**)	5. Height (**inches**)
			lbs	inches

6. Hair Color	7.Eye Color	8. Social Security Number **(LAST 4)** ※※※ – ※※ –	9. Place of Birth (City/State/Country)

10. Telephone	11. Rate & Rank or Grade/Title	12. Command	13. Department/Division

14. Drivers License Issuing Authority: **State:** **Country:**	15. Drivers License Number	16. License Expiration Date:

17. **Sponsor's** Last, First, MI : ***Family member only***	18. Sponsor's Social Security Number **(Last 4)** ※※※ – ※※ –

19. CHECK THE APPROPRIATE ANSWER.

	Yes	**No**
Are you required to wear corrective lenses when operating a motor vehicle?	☐	☐
Are you required to wear a hearing aid when operating a motor vehicle?	☐	☐
Have you ever worked/been stationed at NAF Atsugi?	☐	☐

20. **LOCAL EMERGENCY CONTACT & TELEPHONE**

PART II – ACKNOWLEDGEMENTS:

21. **By signing below, I acknowledge or certify the following;**

1. I declare that the above information is true and complete to the best of my knowledge. Moreover, I declare that my hearing, vision, and physical condition are adequate to permit me to safely operate a motor vehicle.

2. (a) **Existing Drivers:** I declare that my motor vehicle operator's permit has not been or is not in the process of being withdrawn, suspended or revoked.

2. (b) **First Time Drivers: I declare that I do not possess a motor vehicle operator's permit (driver's license) from the U.S. or any other approved country listed in the USFJ 31-205. I am a first time driver.**

3. I certify that I have completed the Area Orientation Brief/Intercultural Relations (AOB/ICR) class provided by the Fleet and Family Service Center (FFSC), building 949 first floor, prior to receiving my USFJ Form 4EJ (SOFA license) Operator's Permit. Note: all AOB/ICR signup is handled through the FFSC.

4. PRIVACY ACT STATEMENT: Authority to request this information is derived from Title 40 United States Code 471. Purpose of this form is to obtain information to determine whether an individual is qualified to operate private vehicle. Information is used by the NAF Atsugi Safety Department and may be used by government and civil law enforcement authorities for court action. Providing information for this form is mandatory. If the information is not provided, the individual will be denied the privilege of operating a private vehicle.

5. My PRD is _____ _____

MMM YYYY SIGNATURE / DATE

(NOTE: Any missing information or incomplete blocks may result in delay of license/permit issuance)

PART III -ENDORSEMENTS

22. **PRINTED NAME & SIGNATURE** OF REQUESTING OFFICIAL (**Supervisor for E-4 and below military personnel or Sponsor for Family Member**)	23. DATE:
Printed Name: Signature:	