

AOB/ICR: _____ ICR Waiver: _____ /AOB only: _____

NKO: _____ Signature: _____ FTD: _____ Lerner's Permit: _____ ~~XX~~POVEXP: _____

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)
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. Sponsor: Last, First, MI : Family member only			15. Sponsor's Social Security Number (Last 4) *** - ** -		
16. Drivers License Issuing Authority: State: _____ Country: _____		17. Drivers License Number		18. License Expiration Date:	
19. CHECK THE APPROPRIATE ANSWER.					
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?					
20. LOCAL EMERGENCY CONTACT & TELEPHONE					

PART II - ACKNOWLEDGEMENTS

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

- I declare that the above information is true and complete to the best of my knowledge.
- I declare that my motor vehicle operator's permit has not been or is not in the process of being withdrawn, suspended or revoked.
- I declare that my hearing, vision and physical condition are adequate to permit me to safely operate a motor vehicle.
- 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 a government and private vehicle and/or equipment. Information is used by agency transportation officials 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 government and private vehicle and/or equipment.

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:
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