

APPLICATION FOR U.S. FORCES POV CERTIFICATE OF LICENSE AND ALLIED TRANSACTIONS

(USAREUR Reg 190-1/USNAVEUR Inst 11240.6K/USAFE Inst 31-202)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Art. 9 Suppl. Agreement to NATO SOFA: 10 USC 3012.

PRINCIPAL PURPOSE(S): To evaluate an application for a U.S. Forces Privately Owned Vehicle (POV) certificate of license and to issue a license upon establishment of eligibility.

ROUTINE USES: a. To verify the licensed status of individuals to both U.S. and foreign law enforcement, investigative and administrative authorities, to attorneys representing clients, and to insurance companies.

b. To record elements of an individual's driving history (e.g., to record suspension or revocation of license, or declaration of ineligibility for a license), and when warranted, to take or recommend appropriate action.

c. For internal locator purposes within USAREUR Motor Vehicle Registry.

d. To support requests for miscellaneous services submitted by individuals to the USAREUR Motor Vehicle Registry.

e. See routine uses set forth at 40 Federal Register 35151.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: The disclosure of personal information, to include social security number (SSN), is mandatory to obtain a license. Failure to provide any item of information will result in rejection of application. Rejection for this reason is necessary since names do not provide an individual with a unique identification.

LICENSE NUMBER	EFFECTIVE DATE	EXPIRATION DATE	CODES
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COMPLETED BY REGISTRY PERSONNEL ONLY

1. APPLICANT'S RANK/GRADE	2. APPLICANT'S NAME (LAST, FIRST, MI)	3. DATE OF BIRTH <small>DAY/MONTH/YEAR</small>	4. PLACE OF BIRTH <small>CITY/STATE/COUNTRY</small>
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5. APPLICANT'S SSN	6. U.S. DRIVER'S LICENSE NUMBER	7. GERMAN, EU OR NATO LICENSE NO.	8. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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9. APPLICANT'S MILITARY MAILING ADDRESS, UNIT NO., AND BOX NO. APO NO.	10. ORGAN DONOR YES <input type="checkbox"/> NO <input type="checkbox"/>	11. CORRECTIVE LENSES YES <input type="checkbox"/> NO <input type="checkbox"/>
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12. SPONSOR'S SSN	13. SPONSOR'S NAME (LAST, FIRST, MI)	14. SPONSOR'S TELEPHONE NUMBER (DSN)	15. SPONSOR'S RANK/GRADE
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16. SPONSOR'S MILITARY MAILING ADDRESS, UNIT NO., AND BOX NO. APO NO.	17. SPONSOR'S BRANCH OF SERVICE MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> ARMY <input type="checkbox"/> AF <input type="checkbox"/> NAVY <input type="checkbox"/> OTHER <input type="checkbox"/>
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18. TYPE OF APPLICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITION OF CLASS <input type="checkbox"/> RENEWAL <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGES <input type="checkbox"/> EU OR NATO TRANSFER <input type="checkbox"/> RESTRICTION <input type="checkbox"/> GERMAN TRANSFER	19. CLASS OF LICENSE <input type="checkbox"/> 1 250 CC+ <input type="checkbox"/> 1A 80 CC-250 CC <input type="checkbox"/> 1B 80 CC- 80 kph <input type="checkbox"/> 2 TRUCK <input type="checkbox"/> 2 BUS <input type="checkbox"/> #PASS _____ <input type="checkbox"/> 3 AUTO <input type="checkbox"/> 4 50 CC-50 kph <input type="checkbox"/> 5 50 CC-25 kph	20. RESTRICTIONS <input type="checkbox"/> LETTER <input type="checkbox"/> MEDICAL <input type="checkbox"/> AUTO TRANS ONLY <input type="checkbox"/> DAYLIGHT ONLY <input type="checkbox"/> OTHER	21. EXAMINER STATEMENT. I HAVE EXAMINED THE APPLICANT IAW USAREUR Reg 190-1/USNAVEUR Inst 11240.6K/USAFE Inst 31-202. THE APPLICANT HAS SATISFACTORILY PASSED ALL REQUIRED TESTS. EXAMINER'S SIGNATURE _____ DATE _____ <small>STATION/ STAMP</small>
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22. APPLICANT STATEMENT I AM FAMILIAR WITH THE PROVISIONS OF THE DIRECTIVES CITED ABOVE AND AM QUALIFIED FOR A U.S. FORCES POV CERTIFICATE OF LICENSE. I AM AWARE THAT ANY FALSE OR MISLEADING INFORMATION SUBMITTED BY ME MAY SUBJECT ME TO ADMINISTRATIVE AND/OR DISCIPLINARY ACTION. I AM FAMILIAR WITH THE IMPLIED CONSENT PROVISIONS OF THE DIRECTIVES CITED ABOVE AND UNDERSTAND THAT MY U.S. FORCES POV CERTIFICATE OF LICENSE WILL BE REVOKED IF I REFUSE TO SUBMIT TO A BLOOD ALCOHOL TEST AT THE REQUEST OF US MILITARY OR SECURITY POLICE OR NAVY SHORE PATROL OR GERMAN POLICE WHO SUSPECT ME TO BE OPERATING A VEHICLE WHILE MY ABILITY TO DO SO IS IMPAIRED BY ALCOHOLIC BEVERAGES.	PAID STAMP
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APPLICANT'S SIGNATURE AND DATE	INSTRUCTIONS FOR AE FORM 190-1T
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23. TEST SCORES AND DATES FOR DRIVER TESTING ONLY MILITARY LICENSE NUMBER _____ DATE OF ORIENTATION _____ WRITTEN TEST SCORE _____ FAILED VERSION _____ FAILED VERSION _____ ROAD SIGN SCORE _____ EYE TEST _____ FAILED VERSION _____ MOTORCYCLE WRITTEN TEST SCORE _____ MOTORCYCLE PROFICIENCY TEST SCORE _____ AIR FORCE MOTORCYCLE COURSE DATE TAKEN _____	24. HAVE YOU EVER BEEN CONVICTED OR HAVE/HAD A DRIVER'S LICENSE SUSPENDED/ REVOKED FOR DRIVING UNDER THE INFLUENCE OF ALCOHOL (DUI/DWI) OR REFUSING TO CONSENT TO A BAC? IF YES, WHERE AND WHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO Where: _____ When: _____ APPLICANT'S SIGNATURE	BLOCK 5. Enter applicant's social security number, if no SSN use passport no., I.D. card no., or sponsor's SSN. BLOCK 6. Enter state and stateside license number, if none or not available, enter N/A. BLOCK 7. Enter German, EEC or NATO License number (USAREUR) to be exempted from road test. BLOCK 10. Mark "yes" if you wish to be an organ donor, mark "no" if you do not. BLOCK 11. Mark the appropriate box to indicate whether or not you wear glasses or contact lenses. BLOCKS 12-17. To be completed by all applicants, even if applicant is sponsor. BLOCK 15. Enter sponsor's rank (e.g., SPC, SGT, MAJ, GS-9 etc.) not pay grade. BLOCKS 18-21. Mark appropriate blocks BLOCKS 22 & 24. Sign and date
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