

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

(AE Reg 190-1/USNAVEUR Inst 11240.6T/USAFE Inst 31-202)

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Article 9, Supplementary 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 on establishment of eligibility.

**ROUTINE USE(S):** 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 the 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 in 40 Federal Register 35151.

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

<b>License number</b>	<b>Effective date</b>	<b>Expiration date</b>	<b>Codes</b>
COMPLETED BY REGISTRY PERSONNEL ONLY			

<b>1. Applicant's rank/grade</b>	<b>2. Applicant's name</b> (Last, first, MI)	<b>3. Date of birth</b>	<b>4. Place of birth</b> (City/State/Country)
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<b>5. Applicant's SSN</b>	<b>6. U.S. driver's license number</b>	<b>7. German, EU, or NATO license no.</b>	<b>8. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>9. Applicant's military mailing address</b> (unit no., box no., and APO no.)	<b>10. Organ donor</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>11. Corrective lenses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>12. Sponsor's SSN</b>	<b>13. Sponsor's name</b> (Last, first, MI)	<b>14. Sponsor's telephone number</b> (DSN)	<b>15. Sponsor's rank/grade</b>
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<b>16. Sponsor's military mailing address</b> (unit no., box no., and APO no.)	<b>17. Sponsor's branch of service</b>															
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Army</td> <td style="text-align: center;">AF</td> <td style="text-align: center;">Navy</td> <td style="text-align: center;">Marine</td> </tr> <tr> <td>Military</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Army	AF	Navy	Marine	Military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Army	AF	Navy	Marine												
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Civilian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

<b>18. Type of application</b>	<b>19. Class of license</b>	<b>20. Restrictions</b>	<b>21. Examiner statement</b>				
<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	<input type="checkbox"/> 1 250 CC+ <input type="checkbox"/> 1a 80-250 CC <input type="checkbox"/> 1b less than 80 CC & less than 80 kph <input type="checkbox"/> 2 Truck <input type="checkbox"/> 2 Bus #Passengers _____ <input type="checkbox"/> 3 Auto <input type="checkbox"/> 4 less than 50 CC & up to 50 kph <input type="checkbox"/> 5 less than 50 CC & up to 25 kph	<input type="checkbox"/> Letter <input type="checkbox"/> Medical <input type="checkbox"/> Auto trans only <input type="checkbox"/> Daylight only	I have examined the applicant IAW AE Reg 190-1/USNAVEUR Inst 11240.6T/USAFE Inst 31-202. The applicant has satisfactorily passed all required tests. <div style="text-align: right; font-weight: bold;">STATION/STAMP</div>				
			<table style="width: 100%;"> <tr> <td style="width: 70%;"><b>21. Examiner's signature</b></td> <td style="width: 30%;"><b>Date</b></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	<b>21. Examiner's signature</b>	<b>Date</b>		
<b>21. Examiner's signature</b>	<b>Date</b>						

**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 U.S. 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

**Applicant's signature and date**

<b>23. Test scores and dates for driver testing only</b>	<b>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?</b>	<b>INSTRUCTIONS FOR AE FORM 190-1T</b>
Military license number _____ Date of orientation _____ Written test score _____ Failed version _____ Failed version _____ Eye test _____ Failed version _____ Motorcycle written test score _____ Motorcycle proficiency test score _____ Motorcycle Safety Foundation Card date issued _____ Air Force motorcycle course date taken _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  Where: _____ When: _____  <b>Applicant's signature</b> _____	Block 5. Enter applicant's social security number (SSN); if no SSN, use passport no., ID 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, EU, or NATO license number to be exempted from the 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. Block 12-17. To be completed by all applicants, even if the applicant is the sponsor. Block 15. Enter military sponsor's rank (e.g., SPC, SGT, MAJ, GS-9), not pay grade. Block 18-21. Mark appropriate blocks. Block 22 & 24. Sign and date.