



DEPARTMENT OF THE ARMY  
ORGANIZATION  
STREET ADDRESS  
CITY STATE ZIP

OFFICE SYMBOL

DATE

MEMORANDUM THRU **Commander or Civilian Supervising Agency, Your Unit, APO, AE Zip Code**

MEMORANDUM FOR Commander, United States Army Garrison Bavaria, Unit 28130, APO, AE 09114

SUBJECT: Reinstatement of Driving Privileges

1. Request the reinstatement of **(Rank, full name, last four SSN, unit, contact information)** driving privileges. **Rank, last name** was charged with Drunken Driving on **date of incident**. **Rank, last name's** driving privileges were revoked on **date**.
2. **Rank, last name** has served one full year of the license revocation, effective **date**.
3. **Rank, last name** completed Remedial Driver Training Course on **date**.
4. **Rank, last name** completed SUDCC/Prime for Life course on **date**.
5. Point of contact for this memorandum is **(Commander, O-5/Civilian Equivalent or higher)** at **(phone number)** or **(email address)**.

Commander/Director Signature Block  
O-5/GS-13 Equivalent or higher