

Application for USFK Motor Vehicle Operator's Permit

자동차 운전면허 신청서

PRIVACY ACT STATEMENT

AUTHORITY: The collection of this information is authorized under 5 U.S.C § 301, Department regulations; United States Forces Korea (USFK) regulation 190-1; Army Regulation (AR) 58-1; AR 600-55; and Executive Order 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide authority for the issuance of a USFK Motor Vehicle Operator's Permit. In processing, the information contained in this document is used to identify the identity of the applicant and verify the completion of the USFK driver training and examination.

ROUTINE USES: To a Federal, State, local government or foreign agency as a routine use in response to such an agency's request for information arising by general statute or particular program statute, or by regulation, rule or order issued pursuant thereto, if necessary, and only to the extent necessary, to enable such agency to discharge its responsibilities of enforcing or implementing the statute. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices may apply to this system. The complete list of DoD blanket routine uses can be found online at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in processing delays or denial of your application for a USFK Motor Vehicle Operator's Permit.

(Please Print)

Last Name (성명)	First	MI	Rank or Grade (계급/급수)	DoD ID Number (신분증 번호)
_____	_____	_____	_____	_____

Organization (Unit) 소속(부대명을 기입)	Sex (성별) M(남)___ F(여)___	Date of Birth (생년월일) Day_____ Month_____ Year_____
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Color of Hair (머리색)	Color of Eyes (눈색)	Height 키(신장) Feet_____ Inches_____	Weight (체중)
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Wear Glasses (안경) Yes (___) No (___)	Place of Birth (본적) City_____ State_____	Cell Phone Number (휴대폰 번호)
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Civilian Driver's License No. and Expiration Date
한국면허증 (발급도, 번호 및 적성검사기간)

State: _____ DL Number: _____ Expiration Date: _____

Date (날짜)	Deros (제대날짜)
_____	_____

Signature of Applicant: _____ **Date:** _____