

DATA REQUIRED BY THE PRIVACY ACT OF 1974	
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e. See routine uses set forth in 40 Federal Register 35151.

License number	Effective date	Expiration date	Codes

COMPLETED BY REGISTRY PERSONNEL ONLY

5. 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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12. Sponsor's SSN	13. Sponsor's name (last, first, MI)	14. Sponsor's telephone number (DSN)	15. Sponsor's rank/grade

16. Sponsor's military mailing address (unit no., box no., and APO no.)	17. Sponsor's branch of service			
	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"/>

18. Type of application	19. Class of license	20. Restrictions	21. Examiner statement				
<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	<p>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.</p> <p style="text-align: right;"><i>STATION/STAMP</i></p>				
			<table border="1" style="width: 100%;"> <tr> <th style="width: 70%;">21. Examiner's signature</th><th style="width: 30%;">Date</th></tr> <tr> <td style="height: 100px;"></td><td></td></tr> </table>	21. Examiner's signature	Date		
21. Examiner's signature	Date						

<p>22. Applicant statement</p> <p>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.</p>	<p>PAID STAMP</p>
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Applicant's signature and date	
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		INSTRUCTIONS FOR AE FORM 190-1T
23. Test scores and dates for driver testing only 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 _____	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? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> Where: _____ When: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Applicant's signature </div>	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.