

INFORMATION REQUIRED TO PROCESS O.F. FORM
346 AND FORM 348 FOR NATIONAL
DRIVER REGISTER SEARCH I.A.W. AR-600-55

DATE: _____

1. NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

1a. _____
(MAIDEN NAME)

2. SOCIAL SECURITY NUMBER: _____

3. DRIVERS LICENSE NUMBER: _____
(STATE OF LIC.) (LIC.NUMBER)

4. PLACE OF BIRTH: _____
(CITY OR COUNTY) (STATE)

5. DATE OF BIRTH: _____
(DAY) (MONTH) (YEAR)

6. SEX: _____

7. COLOR OF HAIR: _____ COLOR OF EYES: _____

8. HEIGHT: _____ WEIGHT: _____ GRADE: _____
(FEET)(INCHES) (LBS.) (PAY GRADE)

9. ORGANIZATION: _____

10. POINT OF CONTACT: _____
(WORK PHONE NUMBER)

11. POSITION OR TITLE: _____

12. HOW LONG HAVE YOU BEEN DRIVING: _____

13. DO YOU HAVE A MOTOR VEHICLE: YES _____ NO _____

14. HAVE YOU RECEIVED DEFENSIVE DRIVING COURSE: YES _____ NO _____

15. DO YOU WEAR GLASSES FOR DRIVING: YES _____ NO _____

16. DRIVERS LICENSE DATE EXPIRES: _____
(MONTH) (DAY) (YEAR)