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)