

INFORMATION REQUIRED TO PROCESS

"O.F. 346 & 348"

NATIONAL DRIVER REGISTER SEARCH

IAW AR 600-55

DATE: _____

NAME: _____

LAST NAME

FIRST

MIDDLE

MAIDEN

SOCIAL SECURITY #: _____

***** LAST FOUR ONLY*****

DRIVERS LICENSE # / STATE: _____

STATE LICENSE EXP (MM/DD/YYYY): _____

PLACE OF BIRTH (CITY or COUNTY / STATE): _____

DOB (DD/MM/YYYY): _____

SEX: _____ HAIR COLOR: _____ EYE COLOR: _____

HEIGHT(FEET/INCHES) _____ WEIGHT(POUNDS): _____ PAY GRADE: _____

AGENCY: _____

POC / PHONE NUMBER: _____ / _____

HAVE YOU TAKEN THE ARMY ACCIDENT AVOIDENCE COURSE: YES or NO

DO YOU WEAR GLASSES OR CONTACTS: YES or NO

**** *TURN AROUND TIME FOR LICENSES IS 5 to 7 BUSINESS DAYS****