PROVOST MARSHAL OFFICE
VEHICLE INFORMATION SHEET

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the systems of records notice NM05512-1. Vehicle Parking Permit and License Control System (April 10, 2008, 73 FR 19482). **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN). **PRINCIPLE**: Individuals considered or seeking consideration for access to space under the control of the Department of the Navy/combatant command and any visitor (military, civilian, or contractor) requiring access to a controlled facility. **PURPOSE(S):** To track the issuance of parking permits and to provide a record of each individual who has registered a vehicle at an installation to include a record on individuals authorized to operate official government vehicles. **ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE**: Mandatory for access.

INSTRUCTIONS: PLEASE PRINT LEGIBILY
PLEASE USE YYYY/MM/DD FOR ALL REQUIRED DATES

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INT: _____

DRIVER'S LICENSE NUMBER: _____ DRIVERS LICENSE STATE: _____ SSN: _____

MOTORCYCLE SAFETY CARD: YES ☐ ☐ NO DRIVERS IMPROVEMENT CARD: YES ☐ ☐ NO

CHECK ONE: ☐ MARINE ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ CIVILIAN ☐ COAST GUARD ☐ RET MILITARY ☐ CONTRACTOR

RANK: _____ DATE OF BIRTH: _____ CITY OF BIRTH: _____

STATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

APPEARANCE INFORMATION

WEIGHT: _____ (POUNDS) HEIGHT: _____ (INCHES) HAIR COLOR: _____ EYE COLOR: _____

RACE: ☐ WHITE ☐ BLACK ☐ ASIAN GENDER: ☐ MALE ☐ FEMALE ETHNICITY: ☐ HISPANIC ☐ NONHISPANIC

LOCATION INFORMATION

ORGANIZATION/UNIT(EX. WPNS 2/2 2ND MAR DIV): _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

REGISTRATION INFORMATION:

BASE REGISTERED: ☐ YES ☐ NO DOD DECAL NUMBER _____ EXPIRATION DATE: _____ (MONTH & YEAR)

TYPE OF DECAL: ☐ OFFICER ☐ ENLISTED ☐ CIVLIAN ☐ TEMP PASS ☐ CONTRACTOR ☐ TAXI

VEHICLE INFORMATION

VIN #: _____ VEHICLE TAG NUMBER: _____ TAG STATE _____

COLOR OF VEHICLE: _____ YEAR: _____ MAKE: _____

STYLE _____ MODEL _____ DOORS _____

CONTRACTOR: _____

SUB CONTRACTOR: _____

STATE _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

ADDITIONAL INFORMATION: _____

RESTRICTION INFORMATION: _____

I CERTIFY THAT MY DRIVERS LICENSE IS NOT SUSPENDED OR REVOKED, AND THAT I HAVE FULL DRIVING PRIVILEGES ABOARD THE BASE. I UNDERSTAND THAT IF I AM STOPPED ABOARD CAMP LEJEUNE FOR DRIVING ON SUSPENSION/REVOCATION THAT MY VEHICLE WILL BE TOWED OFF BASE BY CIVILIAN WRECKER SERVICE AT MY OWN EXPENSE.

_____
SIGNATURE

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