

NON – DOD VEHICLE REGISTRATION

The information below is requested to help provide a safe and secure environment for all employees and visitors while on the installation.

REGISTRANT INFORMATION

First Name		Last Name			Grade / Rank		Category		Organization		
DOB	Sex	Race		Height	Weight	Eye Color	Hair Color	Driver's License #		State	

HOME

WORK

Address Line 1:				Address Line 1:							
Address Line 2:				Address Line 2:							
City:		State:		Zip:		City:		State:		Zip:	
Phone:				Phone:							

VEHICLE INFORMATION

Vehicle Make:				Vehicle Model::			
Body Style:				Vehicle Year:			
Vehicle Color:				VIN # :			

LICENSE INFORMATION

Tag # :			State :			Expiration Date :		
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INSURANCE INFORMATION

Company Name :			Policy # :			Expiration Date :		
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Completed by Organization Authorizing Official – FD Form # 190-1

Name: _____ Signature: _____ Date: _____

***** Completed by Issuing Authority *****

Decal # :		Exp. Date:		Issued By:	
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