

<b>APPLICATION FOR DRIVER EXAMINATION</b> <b>운전 시험 신청서</b> (USFK Reg 190-1) (Privacy act statement on reverse side)		TELEPHONE NO. 전화번호
NOTE: Please Print 인쇄체로 기입하십시오.		
NAME(Last, First & Middle) 성명	Grade 계급	SSN/SN 주민등록번호/군번
ORGANIZATION 소속	DEROS	SEX 성별
	MONTH YEAR	Male Female
COLOR OF HAIR 머리색	COLOR OF EYES 눈동자색	HEIGHT 신장
		WEIGHT 체중
	Feet 피트	Inches 인치
DATE OF BIRTH 생년월일	PLACE OF BIRTH 출생지	
	Town	State
CIVILIAN LICENSE EXPIRATION DATE 한국면허	TESTED HERE BEFORE	
STATE: 도 혹은 시:	NUMBER: 번호	YES 유 NO 무
DATE OF APPLICATION 신청일자	SIGNATURE 서명	

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
**(Application for Driver Examination)**  
**(USFK Reg 190-1)**

1. **AUTHORITY:** Executive Order 9397.
2. **PRINCIPAL PURPOSE:** To obtain necessary information required in the completion of individual driver licenses and qualification records. Upon successful completion of the prescribed tests, information will be extracted from this form and recorded on individual license and records.
3. **ROUTINE USES:** Used by the driver testing personnel in the performance of their duties. This office retains data contained on this fro for reference purpose and provides issue of POV license.

**4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON  
INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure is voluntary,  
However, failure to provide will result in individual not being tested.**