



West Point Vehicle Registration Form



Personal Information

SSN: _____

Last Name: _____ First Name: _____ Middle Name: _____

Driver's License#: _____ State: _____ Civilian/Military Branch: _____

Rank: _____ Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Martial Status: _____

Home Address: _____

Assigned Unit/Organization: _____

Phone Number: _____

Vehicle Information

License Plate # _____ State _____ Registration Expiration _____

Vehicle Year _____ Make _____ Model _____ Color of Vehicle _____

VIN _____

Insurance Company _____ Policy Number _____

Insurance Expiration Date _____ Decal Replacement Reason _____

----- ADMIN ONLY -----

Registration Date _____ Expiration Date _____ DOD Decal _____

CPA Sticker _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Section 3013, Secretary of the Army and AR 600-20, Army Command Policy.

PURPOSE: To obtain a descriptive data record of person registering their vehicle on West Point. The social security number is used for identification of personnel involved.

ROUTINE USES: Information may be released IAW AR 340-21, para 2-3

DISCLOSURE: Voluntary. However, failure to provide the information requested may cause delayed or unprocessed requests.

Processing your request: You may fill this form out online but you must bring it to the West Point Military Police Desk in person along with a valid Driver's License, a DoD issued form of identification and proof of insurance.