

MCLB ALBANY VEHICLE REGISTRATION FORM

DATE: _____

PRIVACY ACT STATEMENT

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. This document may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document in error, do not copy, disseminate or otherwise use the information and contact the owner /creator or your Privacy Act Officer regarding this document.

Name: _____

L. Name

F. Name

Middle Initial

SSN: _____

Person ID: _____

Driver's License Number: _____ State: _____

Motorcycle Safety Card: Yes / No Driver Improvement Card: Yes / No

Branch of Service: _____ Rank: _____

Status: Active Duty / Reserve / National Guard / Dependent / Civilian / Contractor

Date of Birth: (MMDDYYYY) _____

City/State/Country of Birth: _____

UNIT INFORMATION

Duty Station: _____ Unit: _____

Organization/ Company: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Sex: Male / Female Ethnic Group: Hispanic / Non- Hispanic

Race: Black / White / American Indian / Asian or Pacific Islander

Hair Color: _____ Eye Color: _____

Location Information

Work Phone: (____) _____ Home Phone: (____) _____

Home Address: _____

VEHICLE INFORMATION

VIN: _____

License Plate: _____ State: _____ Expiration: _____

Current Owner: _____

Insurance Company: _____ Policy Number: _____

Expiration: _____ Vehicle Color: _____ Vehicle Year: _____

Vehicle Make: _____ Vehicle Model: _____ Style (Sedan,

Pickup, SUV etc.) _____ Doors: _____

Certification Statement:

I certify that, to the best of my knowledge, and belief, all of the information on this Vehicle Registration Form, including any attached sheets, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this form may be grounds for denying registration services and the use of operating a motor vehicle aboard MCLB, Albany.** I understand that any information I give may be investigated for the purposes of granting access to MCLB Albany, Georgia as allowed by law or the MCLB Commanding Officer.

Applicants Signature: _____

Data Entry/ Registration Clerk Initials: _____

"FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE"

Any misuse or unauthorized release of personal information could result in both civil and criminal penalties. **You may return this request by faxing it back at (229) 639-6200 or by email: mclbavehicleregis@usmc.mil.**