

APPLICATION FOR DRIVER EXAMINATION

운전 시험 신청서

(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

TESTED HERE BEFORE

한국면허

STATE:

NUMBER:

YES 유

NO 무

도 혹은 시:

번호

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.