MILITARY POLICE VEHICLE REGISTRATION FORM

PERSONNEL INFORMATION:

SSN_____
Last Name_____ First Name_____ MI_____
Branch of Service_____ Installation: Carlisle Barracks
Organization: USAWC Drivers License # _____ Lic State_____
UIC: W2H602 Grade_____ Birth Date_____
Gender_____ Height (inches)_____ Weight_____ Eyes_____ Hair_____
Marital Status_____

CURRENT HOME ADDRESS:
Street/Route/Apt_____City_____ State_____ Zip_____
Phone Number (_____)_____

WORK/UNIT ADDRESS:
Street/Rt/Bldg#_____ City_____ State_____ Zip_____
Work/Unit Phone_____

VEHICLE INFORMATION Decal Number_____ Expiration Date_____
Vehicle Identification # (VIN)_____
Vehicle Year_____ Vehicle Make_____ Vehicle Model_____

Vehicle Body Style (CIRCLE ONE)
a) 2 Door Sedan b) 3 Door Sedan c) 4 Door Sedan d) Pickup Truck e) SUV f) Van g) Station Wagon h) Motorcycle

Vehicle Color_____
Vehicle Lic/Plate #_____ Vehicle Lic/Plate State_____ Vehicle Lic/Plate Expires_____

Vehicle Status (circle one)
a) Operational b) Storage c) Impounded d) Stolen

Insurance Company Name_____ Policy #_____
Insurance Expiration Date_____

ADDITIONAL VEHICLE INFORMATION Decal Number_____ Expiration Date_____
Vehicle Identification # (VIN)_____
Vehicle Year_____ Vehicle Make_____ Vehicle Model_____

Vehicle Body Style (CIRCLE ONE)
a) 2 Door Sedan b) 3 Door Sedan c) 4 Door Sedan d) Pickup Truck e) SUV f) Van g) Station Wagon h) Motorcycle

Vehicle Color_____
Vehicle Lic/Plate #_____ Vehicle Lic/Plate State_____ Vehicle Lic/Plate Expires_____

Vehicle Status (circle one)
a) Operational b) Storage c) Impounded d) Stolen

Insurance Company Name_____ Policy #_____
Insurance Expiration Date_____