

APPLICATION FOR USFJ FORM 4EJ DRIVER'S PERMIT

1. LAST NAME, FIRST, M.I. (print)		2. GRADE	3. DoD ID (applicant)		
4. PHONE #	5. OFFICIAL E-MAIL ADDRESS		6. SEX	7. HT (in)	8. WT (lbs)
9. HAIR COLOR	10. EYE COLOR	11. DOB (mm/dd/yyyy)	12. STATE / LIC NUMBER / EXP DATE		
13. PARENT COMMAND		14. ORGANIZATION		15. RTD/DEROS/PRD (mm/dd/yyyy)	
DIC DATE (Active duty 25 and below)		AGE	Is your current SOFA permit or state license under suspension or revocation? Yes or No		
<p>Authorization: 10 U.S.C 8013 and E.O. 9397 (SSN). Principle Purpose: To determine qualification and issue authorization for U.S. Forces permanent personnel to operate a privately owned vehicle (POV) in Japan and to process, track, and maintain the permits for those individuals. Routine Uses: None. Disclosure: Voluntary, however, failure to disclose may result in the denial of the applicants request.</p>					
<p>Knowingly falsifying information is grounds for immediate revocation and is in violation of Article 107 of the UCMJ. Signing below acknowledges all information and statements on this application.</p>					
APPLICANT'S SIGNATURE:			ORDERS / AC	SJA	LOE/LOA
			NOWA JRC		

COMMANDING OFFICER'S APPROVAL (E-5 and below only)

Applicant has been screened and qualified to obtain a USFJ FORM 4EJ Operator's Permit for:

Commanding Officer (Print/Signature/Date)

Auto

Motorcycle

Note: Must have POV (Auto) license before applying for Motorcycle

Sponsor's EDIPI ()

Sponsor's Signature / Date

Print Name

*****FOR LICENSING OFFICE USE ONLY*****

EXAM (P/F)

MSF TRAINING DATE & NUMBER

M/C CATEGORY

ISSUE DATE

EXPIRATION DATE

RESTRICTIONS (GLASSES / CONTACTS/ Other)

LICENSE NUMBER

SIGNATURE OF ISSUING OFFICIAL