

# APPLICATION FOR ALLIED FORCES ITALY (AFI) DRIVERS LICENSE

**Please print legibly! All dates in MM/DD/YY format!**

## SPONSOR'S INFORMATION:

LAST, FIRST, M.I.	NATIONALITY	BRANCH OF SERVICE
COMMAND	DATE OF BIRTH (MM/DD/YY)	DOD ID NUMBER
RATE/RANK	ARRIVAL DATE (MM/DD/YY)	ROTATION DATE (MM/DD/YY)
DUTY PHONE	HOME PHONE	E-MAIL ADDRESS

HAVE YOU PREVIOUSLY BEEN STATIONED IN ITALY? YES NO IF YES: WHEN/ WHERE \_\_\_\_\_

BASE AT WHICH THEY WILL BE WORKING \_\_\_\_\_  
(i.e. Capodichino, Support Site, JFC, etc.)

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## DRIVERS LICENSE INFORMATION: (Fill in ALL blanks, even if YOU are the sponsor.)

FULL NAME \_\_\_\_\_  
(LAST, FIRST, M.I.) YOUR NAME AS INDICATED ON YOUR U.S. DRIVERS LICENSE

STATE OF ISSUE \_\_\_\_\_ U.S. LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ GLASSES REQUIRED?  YES  NO  
(MM/DD/YY)

MOTORCYCLE ENDORSEMENT AND SAFETY COURSE COMPLETION DATE \_\_\_\_\_  
(MM/DD/YY)

BRANCH OF SERVICE \_\_\_\_\_ APPLICANT'S DOD ID: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(MM/DD/YY) (City, State, Country) **DO NOT ABBREVIATE**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

ARE YOU A FAMILY MEMBER?  YES  NO YOUR RELATION TO SPONSOR \_\_\_\_\_

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN ADVISED THAT THE AFI DRIVERS LICENSE IS VALID FOR OPERATION OF A MOTOR VEHICLE IN ITALY WHEN ACCOMPANIED BY A VALID UNITED STATES DOD / UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD. I UNDERSTAND AND AGREE THAT SHOULD I BE FOUND GUILTY OF RECKLESS OR DRUNK DRIVING, MY DRIVING PRIVILEGES MAY BE REVOKED OR SUSPENDED BY ADMINISTRATIVE ACTION, THUS PROHIBITING ME FROM OPERATING ANY MOTOR VEHICLE WHILE IN ITALY.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

### NOTES:

1. You **must** be at least 18 years of age and you **must** already possess a valid driver's license in order to apply for and/or receive U.S. Forces in Italy Motor Vehicle Operator's License.
2. Please attach a copy of your valid US driver license to this application.
3. Contractors are required to provide a copy of the Logistical Support Letter prior to the issuance of a U.S. Forces in Italy Driver's License.

### **100 Liters of GOVERNMENT GAS RATION Allocation**

When you pass the test and receive the driver's license you are authorized 100 liters of "G" ration fuel. The "G" ration card will be picked up at the Residential Services office. The temporary card will be good for the month it is issued.

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC 3012; AR 340-1804; AFR 12-35; SECNAV 52115; Italy Tri-Component Regulation (USAREUR Reg 550-32; CINCUSNAVEURINST 5840.2D; USAFEI 36-101), Agreement Between the Parties to the North Atlantic Treaty regarding the Status of Their Force (NATO SOFA), Italian Presidential Decree Number 495, Article 402, Italian Constitution, Part X, Section 1, law number 241.

**PRINCIPAL PURPOSE(S):** To assist authorities in determining eligibility for motor vehicle registration under the authority of the U.S. Forces in Italy; to facilitate host nation civil jurisdiction and to monitor compliance with U.S. and Italian law and regulation regarding compulsory third party liability insurance and driver's licensing requirements.

**ROUTINE USES:** The routine uses of this application are to provide basic information necessary in the preparation and evaluation of requests for U.S. Forces in Italy Motor Vehicle Licensing and registration of motor vehicles under the authority of the U.S. Forces. In addition, information provided may be exchanged with the private insurance company you indicate as the insurer of your motor vehicle to ensure compliance with mandatory insurance requirements. Further, information will be shared with local law, for juridical relevant purposes.

**DISCLOSURE:** Voluntary disclosure. Nondisclosure precludes consideration of your request for a U.S. Forces in Italy Motor Vehicle License and AFI motor vehicle registration services.

**CONSENT:** By your signature above and submission of this Driver License Application form you are providing your consent (1) for us to exchange information with your motor vehicle liability insurance company; (2) for your insurance company, as identified on the application, to provide information to us regarding the continued validity of your policy and (3) release relevant information to local authorities and individuals consistent with and to the same extent as such information is releasable under local national law.