

FORT HOOD ACP SECURITY SYSTEM REGISTRATION FORM

NOTE: DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY

NOTE: IF YOU DO NOT KNOW AN ITEM, OR ARE UNSURE, PLEASE LEAVE BLANK

SECTION 1. APPLICANT PERSONAL INFORMATION. To be completed by applicant, verified by registrar.

Print Name: Last First MI Social Security Number (xxx-xx-xxxx)

DOB (yyyy/mm/dd) Weight (lbs) Height (inch) Hair Color Eye Color Gender
M / F

Work Phone Driver License Number State Expires (yyyy/mm/dd) Registrar Initials

SECTION 2. APPLICANT CREDENTIAL VERIFICATION. To be completed by registrar.

ID Card Type Result of DNVC Check Authorization Profile for this Applicant

Code 39 Read DESFire Credential to be Issued
[] Fort Hood Card [] DBIDS Card

Registrar Initials

SECTION 3. VEHICLE INFORMATION. To be completed by applicant.

Vehicle VIN (Print Clearly) Plate No. State Registrar Checked Insurance

Manufacturer Model Color Year Vehicle Type (ie. 2 Dr Sedan, SUV, Truck)

SECTION 4. DOD DECAL INFORMATION. To be completed by applicant, verified by registrar.

DOD Decal Number Expiration Date (yyyy/mm) Result of COPS Check Registrar Initials

SECTION 5. APPLICANT SIGNATURE BLOCK – PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPLE PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

Applicant's Signature

Date (month/day/year)

ACP REGISTRATION FORM,