

## 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
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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)
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