



VEHICLE REGISTRATION MARINE CORPS AIR GROUND COMBAT CENTER



PRIVACY ACT STATEMENT

Under the **AUTHORITY** of Title 10 United States Code (USC), Section 801-940, Uniform Code of Military Justice (UCMJ), and Combat Center Order (CCO) 1630.8 series, Motor Vehicle and Traffic Regulations Instructions Manual; this form is FOR OFFICIAL USE ONLY for the **PURPOSE** of assuring proper registration of vehicles and to monitor purchase and disposition of vehicles aboard Marine Corps Air Ground Combat Center (MCAGCC). The information collected on this form will be filed within the Consolidated Law Enforcement Operations Center (CLEOC). **ROUTINE USE:** In addition to those disclosures generally permitted under Title 5 USC, Section 552a(b) of the Privacy Act of 1974, the records contained herein may specifically be disclosed outside the Department of Defense (DoD) under the DoD "Blanket Routine Uses."

PERSONAL INFORMATION		EMAIL:				1. DATE		
2. LAST NAME			3. FIRST NAME		4. MIDDLE NAME		5. DATE OF BIRTH	
6. HEIGHT	7. WEIGHT	8. HAIR	9. EYES	10. GENDER Male	11. RACE		12. ETHNICITY	
13. DRIVER LICENSE		14. STATE		15. BRANCH	16. RANK/EDIPI			
17. SERVICE Marine Corps		18. UNIT			19. PHONE NUMBER		20. EAS	
21. CURRENT ADDRESS				<i>(Street Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
VEHICLE INFORMATION								
a. PRIMARY DRIVER			b. VIN		c. PLATE	d. STATE		e. EXPIRATION DATE
f. YEAR	g. MAKE		h. MODEL		i. STYLE		j. COLOR	k. DOORS
l. INSURANCE COMPANY		m. POLICY NUMBER		n. EXPIRATION DATE		o. REMARKS		
ATTACH COPY OF REGISTRATION					ATTACH COPY OF PROOF OF INSURANCE			
ATTACH COPY OF DRIVER'S LICENSE					ATTACH COPY OF DRIVER IMPROVEMENT CARD			
* Read the following agreement and initial in the boxes if you understand *								
1. I have read and understand the contents of the current CCO 1630.8 series, Chapter 2 (Admission and Registration of Motor Vehicles), which pertains to the admission, registration, and access of vehicles aboard MCAGCC.								
2. I understand that I must comply with the state registration of the vehicle(s), maintain proof of insurance, and comply with all traffic regulations.								
3. I have read and understand the contents of the current CCO 1630.8 series, which pertains to all traffic regulations aboard MCAGCC.								
4. Permanent personnel, to include DoD civilians, contractors, dependents, Marines, and Sailors training aboard the installation are required to register all personally owned vehicles (POV).								
5. A copy of the current revision of the CCO 1630.8 series is available for my review at the Provost Marshal's Office (PMO) and on the MCAGCC website: https://www.29palms.marines.mil/Staff-Offices/Installation-Support-Directorate/Provost-Marshal/								
REGISTRANT'S NAME (PRINT)					PMO REPRESENTATIVE'S NAME (PRINT)			
REGISTRANT'S SIGNATURE					PMO REPRESENTATIVE'S SIGNATURE			
<p><i>A copy of your registration can be obtained at the Vehicle Registration Office in Building 901.</i></p> <p><i>If you have questions, the office can be contacted Monday to Friday (0500-2100) at (760) 830-6794.</i></p>								

VEHICLE #2							
a. PRIMARY DRIVER		b. VIN		c. PLATE	d. STATE	e. EXPIRATION DATE	
f. YEAR	g. MAKE		h. MODEL		i. STYLE	j. COLOR	k. DOORS
l. INSURANCE COMPANY		m. POLICY NUMBER		n. EXPIRATION DATE	o. REMARKS		
VEHICLE #3							
a. PRIMARY DRIVER		b. VIN		c. PLATE	d. STATE	e. EXPIRATION DATE	
f. YEAR	g. MAKE		h. MODEL		i. STYLE	j. COLOR	k. DOORS
l. INSURANCE COMPANY		m. POLICY NUMBER		n. EXPIRATION DATE	o. REMARKS		
VEHICLE #4							
a. PRIMARY DRIVER		b. VIN		c. PLATE	d. STATE	e. EXPIRATION DATE	
f. YEAR	g. MAKE		h. MODEL		i. STYLE	j. COLOR	k. DOORS
l. INSURANCE COMPANY		m. POLICY NUMBER		n. EXPIRATION DATE	o. REMARKS		
VEHICLE #5							
a. PRIMARY DRIVER		b. VIN		c. PLATE	d. STATE	e. EXPIRATION DATE	
f. YEAR	g. MAKE		h. MODEL		i. STYLE	j. COLOR	k. DOORS
l. INSURANCE COMPANY		m. POLICY NUMBER		n. EXPIRATION DATE	o. REMARKS		
VEHICLE #6							
a. PRIMARY DRIVER		b. VIN		c. PLATE	d. STATE	e. EXPIRATION DATE	
f. YEAR	g. MAKE		h. MODEL		i. STYLE	j. COLOR	k. DOORS
l. INSURANCE COMPANY		m. POLICY NUMBER		n. EXPIRATION DATE	o. REMARKS		