



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. SEX Select...				11. RACE				12. ETHNICITY									
13. DRIVER LICENSE						14. STATE						15. BRANCH						16. RANK/EDIPI															
17. SERVICE						18. UNIT										19. PHONE NUMBER						20. EAS											
21. CURRENT ADDRESS										(Street Address)										(City)										(State)		(Zip Code)	

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-Marshall/

REGISTRANT'S NAME (PRINT)		PMO REPRESENTATIVE'S NAME (PRINT)	
REGISTRANT'S SIGNATURE		PMO REPRESENTATIVE'S SIGNATURE	

*A copy of your registration can be obtained at the Vehicle Registration Office in Building 901.
If you have questions, the office can be contacted Monday to Friday (0500-2100) at (760) 830-6794.*

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			