PROVOST MARSHAL'S OFFICE
MCAS IWAKUNI, JAPAN
PSC 561 BOX 21
FPO AP 96310-0009

VEHICLE CONTROL FORM

SPONSOR INFORMATION:

Rank: _____ Name: _____ SSN# _____-____-_____
Last First MI
Command: _____

EVACUEE INFORMATION:
Name: _____ SSN# _____-____-_____

VEHICLE INFORMATION: (Please fill out a separate form for each vehicle.)

MAKE: _____ (Ex. Toyota, etc.)

MODEL: _____ (Ex. Hi-Ace, etc.)

TYPE: _____ (Ex. Van, Truck, Sedan, etc.)

COLOR: _____ (Ex. Black, Red, etc.)

OF DOORS: _____ (4, 5, etc.)

VIN/SERIAL # _____

LICENSE PLATE # _____

PASSENGER CAPACITY: _____ (2, 5, 8, etc.)

VEHICLE LOCATION (Penny Lake or address (Bldg#): _____
_____
_____
_____
_____