



NORTH ATLANTIC TREATY ORGANIZATION (NATO) STATUS OF FORCES AGREEMENT

VEHICLE IDENTIFICATION NUMBER	MAKE OF VEHICLE	VEHICLE LICENSE NUMBER
-------------------------------	-----------------	------------------------

You qualify for this exemption if your duty station is located in California and your vehicle is not used in a trade or business.

I am a member of a force or civilian component of _____ which is a member of NATO.
COUNTRY

I am now stationed at _____ California, with the _____ .
DUTY STATION UNIT

This can be verified by my commanding officer, who can be reached at _____ .
TELEPHONE NUMBER

I am not a resident of United States, my legal residence is _____ .
COUNTRY

ID and Movement Order or Passport Verified _____ .
OFFICE DATE ID # DMV TECH INITIALS

THE INFORMATION YOU ARE PROVIDING IS SUBJECT TO DEPARTMENT OF DEFENSE VERIFICATION AND DMV AUDIT.

EXECUTED ON (DATE)	AT (CITY)	STATE
--------------------	-----------	-------

I certify under penalty of perjury that the foregoing is true and correct.

PRINT TRUE FULL NAME	SIGNATURE X	DAYTIME TELEPHONE NUMBER ()
MAILING ADDRESS	CITY	STATE ZIP CODE



CUT ON LINE SAVE FOR YOUR RECORDS



NORTH ATLANTIC TREATY ORGANIZATION (NATO) STATUS OF FORCES AGREEMENT

VEHICLE IDENTIFICATION NUMBER	MAKE OF VEHICLE	VEHICLE LICENSE NUMBER
-------------------------------	-----------------	------------------------

You qualify for this exemption if your duty station is located in California and your vehicle is not used in a trade or business.

I am a member of a force or civilian component of _____ which is a member of NATO.
COUNTRY

I am now stationed at _____ California, with the _____ .
DUTY STATION UNIT

This can be verified by my commanding officer, who can be reached at _____ .
TELEPHONE NUMBER

I am not a resident of United States, my legal residence is _____ .
COUNTRY

ID and Movement Order or Passport Verified _____ .
OFFICE DATE ID # DMV TECH INITIALS

THE INFORMATION YOU ARE PROVIDING IS SUBJECT TO DEPARTMENT OF DEFENSE VERIFICATION AND DMV AUDIT.

EXECUTED ON (DATE)	AT (CITY)	STATE
--------------------	-----------	-------

I certify under penalty of perjury that the foregoing is true and correct.

PRINT TRUE FULL NAME	SIGNATURE X	DAYTIME TELEPHONE NUMBER ()
MAILING ADDRESS	CITY	STATE ZIP CODE

