	9				'PLICATIO :て <u>ローマ字</u> で記				
		OFFICIA	AL /		UNOFFI	CIAL			
PASS REQUESTOR ()	(スの申請者)								
D NUMBER(自衛官は認識番号)	LAST NAM	/IE(姓)		FIRST NAME(名)			MIDDLE NAME(ミドルネーム)		
RANK/RATE(階級)	SELF	N SHIP TO SPOI T, PARENT, S D PARENT, N	IBLING, CHI	HILD,		SS (PHYSICAL A	(PHYSICAL ADDRES / 住所)		
SPONSOR'S COMMAND & DIVISION or COMPANY NAME 部隊と部署 / 会社名)			PRD	WORK PHONE		(職場電話)	HOME	PHONE(自宅電話)	
VEHICLE/DRIVER INFO					ンョン) RROW(翌日)				
ICENSE PLATE NUMBER (車両番号)	MAKE (メイカー)			S/W,	E (型式) SEDAN, VAN, TRUCK, MINI, OTHER GUEST DRIV (ゲスト運転者:			DRIVER'S LICENSE NO. (運転免許証番号)	
VEHICLE PASS WILL BE ISSUED TO	O SOFA MEMBERS	OR THEIR IMMEDIA	TE FAMILY MEMB	SERS (PAR	ENTS CHILDREN G	RANDPARENTS G	RANDCHII DRE	N. SIRLINGS AND THEIR	
SPOUSES AND THEIR CHILDREN (I ゲストの車輌パスは親族に限ります。 親抗 IF A SOFA MEMBER IS BORROWIN 車輌を借りて運転している場合必ず貸借 REQUIRED DOCUMENTS: CAR TIT	NEPHEW & NIECE). 族:親、子供、祖父母、 G A VEHICLE, HE/S 証明書(車輌の所有者	孫、兄弟(義理の兄弟・ HE MUST SHOW AN の住所、印があるもの)	も含む)及びその子供 N AUTHORIZATION を提示て下さい。 又係	(甥、姪) N LETTER k険の証明も	TO DRIVE AND PRO 必要です。	OF OF INSURANCE	S (JCI/LIABILIT		
This Vehicle will be registered	ed on Base by		·	_ DDI\/^	CY SENSITIVE		Requesto	r's Signature	
		1 OK OFFICE	AL OOL ONL!	INIVA	OT OLINOTTIVE		•	FAY5800/48(Rev. 12-19)	

DATE: _____