| STATE OF CALFORNA            |
|------------------------------|
| DEPARTMENT OF MOTOR VEHICLES |
| A Public Service Agency      |

## NORTH ATLANTIC TREATY ORGANIZATION (NATO)

STATUS OF FORCES AGREEMENT

| VEHICLE IDENTIFICATION NUMBER                               |                      | MAKE OF VEHICLE         | VEHICLE LICENSE NUMBER |  |  |
|---|----------------------|-------------------------|------------------------|--|--|
|   |                      |                         |                        |  |  |
| You qualify for this exemption if yo business.              | ur duty station is I | ocated in California an | d your vehicle is n    | ot used in a trade or                      |  |
| I am a member of a force or civilian component of           |                      | COUNTRY                 | which is               | which is a member of NATO.                 |  |
| I am now stationed at                                       |                      |                         |                        |  |  |
|   |                      |                         |                        |  |  |
| This can be verified by my commanding officer, who can      |                      |                         | TELEPHONE NUM          | TELEPHONE NUMBER                           |  |
| I am not a resident of United States, r                     | ny legal residence i | S                       | COUNTRY                |  |  |
| ID and Movement Order or Passport                           | Verified             |                         |                        |  |  |
|   | OFFICE               | DATE                    | ID #                   | DMV TECH INITIALS                          |  |
| THE INFORMATION YOU ARE PROVID                              | AT (CITY)            | O DEPARTMENT OF DE      | FENSE VERIFICATI       | ON AND DMV AUDIT.                          |  |
|   |                      |                         |                        |  |  |
| I certify under penalty of perjury th                       | at the foregoing is  | true and correct.       |                        |  |  |
| PRINT TRUE FULL NAME  | SIGNATURE            |                         | DAYTIME TELEPH         | ONE NUMBER                                 |  |
| MAILING ADDRESS   | <b>^</b>             | CITY                    | STATE                  | ZIP CODE                                   |  |
|   |                      |                         |                        |  |  |
| NORTH   |                      | EATY ORGANIZATIO        | ON (NATO)              |  |  |
| VEHICLE IDENTIFICATION NUMBER                               |                      |                         | VEHICLE LICENSE NUMBER |  |  |
| You qualify for this exemption if yo business.              | -                    |                         | -                      | ot used in a trade or<br>a member of NATO. |  |
|   | •                    | COUNTRY                 | which is               | a member of NATO.                          |  |
| I am now stationed at                                       | Y STATION            | _ California, with the  | UNIT                   | ·  |  |
| This can be verified by my commandi                         |                      | be reached at           |                        |  |  |
| I am not a resident of United States, my legal residence is |                      | s                       | TELEPHONE NUMBER       |  |  |
|   |                      | <u> </u>                | COUNTRY                |  |  |
| ID and Movement Order or Passport                           | Verified             | DATE                    | ID #                   | <br>DMV TECH INITIALS                      |  |
| THE INFORMATION YOU ARE PROVI                               | DING IS SUBJECT T    | O DEPARTMENT OF DE      | FENSE VERIFICATI       | ON AND DMV AUDIT.                          |  |
| EXECUTED ON (DATE)  | AT (CITY)            |                         |                        | STATE                                      |  |
| I certify under penalty of perjury th                       | at the foregoing is  | true and correct.       |                        | I  |  |
| PRINT TRUE FULL NAME  | SIGNATURE            |                         | DAYTIME TELEPH         |  |  |
| MAILING ADDRESS   | ~                    | CITY                    | STATE                  | ZIP CODE                                   |  |