

**CHAIN OF COMMAND AND
BLC STUDENT INFORMATION DATA**

STU#:

CLASS #

DOD ID # _____

LAST 4 SSN#: _____

NAME (LAST, FIRST, MI PREFIX) _____

RANK: SPC CPL SGT

GENDER: M F

MOS: _____

AGE: _____

BIRTHDAY DD/MM/YY: _____

PROFILE: YES NO

EKG RESULTS (OVER 40): N/A YES NO

PROMOTABLE: YES NO

Time in service: _____ years _____ months

ETS Date (DD/MM/YY): _____

Phone number: _____

Time in grade: _____ years _____ months

Sponsors Name: _____

Sponsors Phone #: _____

Battery/Company/Troop: _____

1SG Email: _____

1SG Phone #: _____

Battalion: _____

BN CSM Email: _____

BN CSM Phone#: _____

Brigade: _____

BDE CSM Email: _____

BDE CSM Phone # _____

Home address: _____

Next of Kin name: _____

Address: _____

Phone number: _____

Out of Town Student: National Guard Army Reserve

state: _____

Unit address: _____

Barracks room number: _____

NCOA POV INSPECTION

SOLDIERS NAME _____ **RANK** _____ **SCHOOL/SECTION** NCOA/ Basic Leaders Course

VEHICLE

MAKE _____
 MODEL _____
 YEAR _____
 COLOR _____
 MILEAGE _____

INSURANCE

COMPANY: _____
 NUMBER: _____
 EXPIRE DATE: _____
 VIN #: _____
 STATE: _____

DRIVER LIC

NUMBER _____
 STATE _____
 EXPIRE DATE _____
 REGISTRATION _____
 EXPIRE DATE: _____

LICENCE PLATE

STATE: _____
 PLATE NUMBER _____
 EXPIRATION DATE: _____

Inspectors, Initial In The Pass or Fail Blocks

Is Driver License Suspended? Yes _____ No _____ Is POV/M Insurance Current Yes _____ No _____

SAFETY CHECKS		PASS	FAIL
HEADLIGHTS, high beam/ low beam			
TAIL LIGHTS (OPERATIONAL)			
TURN SIGNAL L/R (OPERATIONAL)			
4 WAY FLASHERS (OPERATIONAL)			
BACK-UP LIGHTS (OPERATIONAL)			
LICENCE PLATE LIGHT (OPERATIONAL)			
BRAKE LIGHTS (OPERATIONAL)			
FOOT BRAKE (FOOT PEDAL CANNOT TRAVEL MORE THAN HALF WAY TO THE FLOOR)			
EMERGENCY BRAKE (WHEN ENGAGED VEHICLE DOESN'T MOVE)			
WINDSHIELD (NOT CRACKED, BROKEN OR SCRATCHED TO THE DEGREE THAT IMPAIRS VISION)			
WINDSHIELD WIPERS (OPERATIONAL)			
WINDSHIELD WASHER (OPERATIONAL)			
HORN (OPERATIONAL)			
TIRES AND SPARE (1MM OF TREAD OVER ENTIRE TRACTION SURFACE)			
MIRRORS (OUTSIDE AND INSIDE NOT CRACKED)			
SEATBELTS (OPERATIONAL)			
EXHAUST SYSTEM (NO LEAKS)			
FIRST AID (OPTIONAL)			
BUMPER (NOT BENT OR DAMAGED IN-A-WAY THAT WOULD BE HAZARDOUS)			
BRAKE FLUID LEVEL (FILLED APPROPRIATE LEVEL)			
DEFROSTER (OPERATIONAL)			

CIRCLE ONE

STATEMENT: My POV/POM **does** / **does not** meet safety standard requirements.
 I will not drive my vehicle until all it meets safety standard re-inspection requirements.

SOLDIERS SIGNATURE: _____ DATE: _____

INSPECTOR PRINT: _____

INSPECTOR SIGNATURE: _____ DATE: _____