

BLC NCO Support Channel

Student Name: _____
(Rank, Last, First, MI, Suffix)

UNIT: _____

Student's Address/Barracks BLDG # & RM #:

Primary Sponsor's Name: _____

Primary Sponsor's Number: _____

Alternate Sponsor's Name: _____

Alternate Sponsor's Number: _____

1SG Name: _____

Office Number: _____ **Cell Number:** _____

1SG Email: _____

BN CSM Name: _____

Office Number: _____ **Cell Number:** _____

BN CSM Email: _____

BDE CSM Name: _____

Office Number: _____ **Cell Number:** _____

BDE CSM Email: _____

NCOA POV INSPECTION

SOLDIERS NAME _____ **RANK** _____ **SCHOOL/SECTION** _____

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: _____