

APPLICATION FOR ARMY IN EUROPE PRIVILEGE AND IDENTIFICATION CARD

(AE Reg 600-700)

Data Required by the Privacy Act of 1974

Authority: Title 10 U.S.C.

Principal purpose: To obtain information necessary to properly identify the applicant and determine eligibility for logistic support in the European theater.

Routine use(s): The information from this application is used as source material to complete AE Form 600-700A. (According to AR 25-400-2, this form is kept for 1 year and then destroyed.) The information is used to verify eligibility for and use of designated individual logistic support privileges. The identification number (DOD ID number, passport number, or national ID card number) on the card is used to cash a check at AAFES-Eur facilities. The information is used to properly and completely identify the individual when entering U.S. facilities. The identification number is used as an additional identifier in the event of name match. Other routine uses are listed at 40 Federal Register 35151.

Mandatory or voluntary disclosure and effect on individual not providing the information: Mandatory. If information is not provided, the individual will not be issued AE Form 600-700A.

Section I — Identification of Person on Whom Eligibility for AE Form 600-700A is Based

1. Sponsor's name (Last, first, MI)	1a. Identification number	2. Grade	3. Status of sponsor
4. Employer and job or duty title		5. Date of expiration of sponsor's overseas tour or duty appointment	
6. Reason for application (check applicable box) <input type="checkbox"/> Original card(s) <input type="checkbox"/> Expiration of card(s) <input type="checkbox"/> Other (for example, replace lost or damaged card(s), correct an error) (Explain in block 16.)			

Section II — Persons for Whom Cards Are Requested

7a. Last name		First name	MI	7b. Identification number	7c. Relationship to sponsor
7d. Color of eyes	7e. Color of hair	7f. Height		7g. Weight	7h. Date of birth (YYYYMMDD)
7i. Nationality		7j. Date issued (YYYYMMDD)		7k. Card number	7l. Expiration date (DD-MMM-YY)
8a. Last name		First name	MI	8b. Identification number	8c. Relationship to sponsor
8d. Color of eyes	8e. Color of hair	8f. Height		8g. Weight	8h. Date of birth (YYYYMMDD)
8i. Nationality		8j. Date issued (YYYYMMDD)		8k. Card number	8l. Expiration date (DD-MMM-YY)
9a. Last name		First name	MI	9b. Identification number	9c. Relationship to sponsor
9d. Color of eyes	9e. Color of hair	9f. Height		9g. Weight	9h. Date of birth (YYYYMMDD)
9i. Nationality		9j. Date issued (YYYYMMDD)		9k. Card number	9l. Expiration date (DD-MMM-YY)
10a. Last name		First name	MI	10b. Identification number	10c. Relationship to sponsor
10d. Color of eyes	10e. Color of hair	10f. Height		10g. Weight	10h. Date of birth (YYYYMMDD)
10i. Nationality		10j. Date issued (YYYYMMDD)		10k. Card number	10l. Expiration date (DD-MMM-YY)
11a. Last name		First name	MI	11b. Identification number	11c. Relationship to sponsor
11d. Color of eyes	11e. Color of hair	11f. Height		11g. Weight	11h. Date of birth (YYYYMMDD)
11i. Nationality		11j. Date issued (YYYYMMDD)		11k. Card number	11l. Expiration date (DD-MMM-YY)

Section III — Verification by Responsible Official of Sponsoring Agency

12. The following checked privileges were granted to the above individual according to chapter _____ AE Regulation 600-700:

- | | |
|---|---|
| <input type="checkbox"/> 1. Exchange facilities | <input type="checkbox"/> 14. Military postal services |
| <input type="checkbox"/> 2. Armed Forces Recreation Centers | <input type="checkbox"/> 15. Mortuary services (AR 638-8) |
| <input type="checkbox"/> 3. Army Continuing Education Services | <input type="checkbox"/> 16. Pet and firearm registration and control |
| <input type="checkbox"/> 4. Commissary | <input type="checkbox"/> 17. POV license and registration |
| <input type="checkbox"/> 5. Credit union facilities | <input type="checkbox"/> 18. Purchase of POL |
| <input type="checkbox"/> 6. Customs exemption
(Privileges may be restricted. See AE Regulation 550-175.) | <input type="checkbox"/> 19. Rationed items with ration card |
| <input type="checkbox"/> 7. Dependent schools (DOD Dir 1342.20) | <input type="checkbox"/> 20. SOFA identification certificate |
| <input type="checkbox"/> 8. Housing referral services | <input type="checkbox"/> 21. Transient billets |
| <input type="checkbox"/> 9. Legal assistance | <input type="checkbox"/> 22. VAT Form (<i>Abwicklungsschein</i>) |
| <input type="checkbox"/> 10. Local government transportation | <input type="checkbox"/> 23. Other (specify) |
| <input type="checkbox"/> 11. Local morale, welfare, and recreation services | |
| <input type="checkbox"/> 12. Medical/dental services | |
| <input type="checkbox"/> 13. Military banking facilities | |

The status of the persons listed above has been verified. The information in section I is hereby verified as correct.

13. Organization & address of verifying official
(do not use APO)

14. Typed name, grade, and title

15. Signature

Section IV — Remarks

16. Remarks

Section V — Authentication by Issuing Agency17. Organization of issuing official
(do not use APO)

18. Typed name, grade, and title

19. Signature

Section VI — Confirmation of Receipt

20. Date receipt of card(s) is acknowledged (YYYYMMDD)

21. Signature of recipient or sponsor