

REQUEST FOR POV REGISTRATION/INSURANCE CANCELLATION
(AE Reg 190-1/CNE-CNA-C6F Inst 11240.6X/USAFE Inst 31-202)

For Privacy Act Statement, See Reverse

1. I, the undersigned, request cancellation of my POV registration/insurance as specified below:

Applicant's name (Last, first, MI)	Grade	SSN (last four digits)	Organization and APO number
License-plate number	Year	Make	Chassis number

2. Date/reason for cancellation: **13JUN22** **Vehicle sold - new owner, same plates.**

3. License plates have been turned in: Yes No

13JUN2022

Date of issue of this request