DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
CG-3308A (Rev. 10-84)

CERTIFICATE OF COMPLIANCE - PRIVATE MOTOR VEHICLE REGISTRATION

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

PRIVACY ACT STATEMENT

AUTHORITY: 44 USC 3101 and E.O. 12174

PRINCIPAL PURPOSE: To establish an official record for the issuance of U.S. Coast Guard Privately Owned Vehicle Registration Decals.

ROUTINE USES: To provide for the verification of compliance with appropriate state POV registration and financial responsibility laws. It includes control of POV's operating and accessing military installations. Determines issuance, revocation or renewals of U.S.C.G. Decals. Disclosure to law enforcement authorities is authorized.

DISCLOSURE: Disclosure of this information is voluntary, but failure to provide the information will result in non-issuance of U.S.C.G. POV Decals.

GENERAL INFORMATION

1. NAME *(Last, first, middle) (TYPE or PRINT)*	2. GRADE	3. SOCIAL SECURITY NUMBER
4. UNIT/STATION		5. WORK TELEPHONE NO.

6. APPLICANT STATUS *(Check one box only)*

☐ ACTIVE ☐ RESERVE ☐ RETIRED
☐ CIVILIAN EMPLOYEE ☐ COAST GUARD AUXILIARY ☐ OTHER *(Specify)*

7. VEHICLE INFORMATION

a. VEHICLE I (1) STATE OF REGISTRATION	(2) VEHICLE IDENTIFICATION NUMBER	(3) LICENSE PLATE NUMBER
(4) DATE ISSUED	(5) DATE OF EXPIRATION	(6) DECAL NUMBER
b. VEHICLE II (1) STATE OF REGISTRATION	(2) VEHICLE IDENTIFICATION NUMBER	(3) LICENSE PLATE NUMBER
(4) DATE ISSUED	(5) DATE OF EXPIRATION	(6) DECAL NUMBER
c. VEHICLE III (1) STATE OF REGISTRATION	(2) VEHICLE IDENTIFICATION NUMBER	(3) LICENSE PLATE NUMBER
(4) DATE ISSUED	(5) DATE OF EXPIRATION	(6) DECAL NUMBER

8. CERTIFICATION

I CERTIFY that I am cognizant of the pertinent insurance laws and regulations of the state in which my vehicle is registered and applicable Coast Guard regulations on the registration/operation of private motor vehicles. I now possess motor vehicle liability insurance coverage in amounts not less than the minimum prescribed by the state in which my vehicle is registered, for the motor vehicle registered in my name by the U.S. Coast Guard. I further certify I am in compliance with applicable state requirements on vehicle ownership/registration and inspection and possess a valid operator's license. I fully understand my personal responsibility as a vehicle registrant/driver. I agree to remove all Coast Guard vehicle registration media from my vehicle upon its disposal in the event my registration privilege is terminated for any reason. I further certify that I will notify my commanding officer/officer-in-charge when any change occurs in the data listed herein.

9. SIGNATURE OF APPLICANT	10. DATE	11. SIGNATURE/TITLE OF APPROVING AUTHORITY

12. SIGNATURE OF ISSUING OFFICIAL

13. REMARKS 14. RE-CERTIFICATION ON 15. DATE COPY FORWARDED TO DISTRICT SECURITY MANAGER

INSURANCE CO: _____ POLICY # _____ EXP: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXP: _____

VEHICLE (1) _____
(YEAR) (MAKE) (MODEL) (2D / 4D / SW / PU) (COLOR)

VEHICLE (2) _____
(YEAR) (MAKE) (MODEL) (2D / 4D / SW / PU) (COLOR)

VEHICLE (3) _____
(YEAR) (MAKE) (MODEL) (2D / 4D / SW / PU) (COLOR)

Dep. DL#
DEPENDANT DRIVER'S: _____

PREVIOUS EDITION IS OBSOLETE