



WSMR Outdoor Recreation POV Resale Lot Registration



Personal Data

Name: _____ Last 4 SSN: _____

Home Address: _____

Unit/Work Address: _____

Phone: _____ Work: _____ Email: _____

Vehicle Information

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ State Registry: _____ Vin: _____

Insurance Agency: _____ Policy Number: _____

Acknowledgement

I have read and abide by the policies and procedures governing the use of the WSMR POV RESALE LOT as set forth in the WSMR POV RESALE LOT SOP, Dated June 15th 2024.

Signature: _____ Date: _____

The Following information has been verified and the lot fee has been paid.

POV LOT FEES: _____ Payment Method: _____

Proof of ownership: _____ Proof of Insurance Policy: _____ Valid CAC or ID Card: _____

FMWR Staff Verification: _____ Date: _____