

**Servicemember Identification and Location Information Exemption Request\***

I am a current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001. I am requesting exemption of the following information:

Please check each applicable request.

\_\_\_\_\_ My home address, telephone number, and date of birth, and the telephone number associated with my personal communication device.

**Name of the Service Member:** \_\_\_\_\_

**License Number(s):** \_\_\_\_\_

**Profession(s)/Business(s):** \_\_\_\_\_

\_\_\_\_\_ The home address, telephone number, date of birth, and place of employment of my spouse and/or dependent and the telephone number(s) associated with my spouse's and/or dependent's personal communication device(s).

**Name of Spouse:** \_\_\_\_\_

**License Number(s) of Spouse:** \_\_\_\_\_

**Profession(s)/Business(s):** \_\_\_\_\_

**Name of Dependent:** \_\_\_\_\_

**License Number(s) of Dependent:** \_\_\_\_\_

**Profession(s)/Business(s):** \_\_\_\_\_

*(Add additional pages if you need to add more dependents)*

\_\_\_\_\_ The name and location of a school attended by my spouse and/or dependent.

**Name of Spouse:** \_\_\_\_\_

**License Number(s) of Spouse:** \_\_\_\_\_

**Profession(s)/Business(s):** \_\_\_\_\_

**Name of Dependent:** \_\_\_\_\_

**License Number(s) of Dependent:** \_\_\_\_\_

**Profession(s)/Business(s):** \_\_\_\_\_

*(Add additional pages if you need to add more dependents)*

I have made all reasonable efforts to protect identification and location information from being accessible through other means available to the public.

\_\_\_\_\_  
Signature of the Service Member

\_\_\_\_\_  
Date

\*This request only applies to licenses identified on this request. Information regarding any additional or subsequently acquired department licenses will require submission of a new request.