

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

MOTOR VEHICLE/SPECIALIZED EQUIPMENT AUTHORIZATION

TO BE COMPLETED BY EMPLOYEE

This form must be completed by all employees (regular, contracted, or volunteer) prior to operating any government-owned vehicle, government-leased vehicle (to include rental vehicles), or privately-owned vehicle to be used in the performance of official government business. The form is to be submitted to the employee's supervisor for signature.

Employee Name		Title
Office Code	Date of Birth	Is your current license valid in the state where you are domiciled? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT DRIVER'S LICENSE INFORMATION

License Number	State of Issue	Date of Issue	Date of Expiration
I certify that I am medically able to operate a motor vehicle without undue risk to myself or others. _____ (initials)		Date of last Defensive Driver Training	

APPLICANT - PLEASE READ

I hereby authorize the Bureau of Land Management to obtain information regarding my driver's record from the state listed above. As far as I am aware, there are no traffic citations on my record that would preclude my being able to drive while performing government business. I am aware of the penalties for unofficial use of government-owned or leased vehicles as described in the 31 U.S.C. 638 A (c)(2) as follows:

"...Any officer or employee of the Government who willfully uses or authorizes the use of any government-owned motor vehicle or aircraft, for other than official purposes or otherwise violates the provisions of this paragraph shall be suspended from duty by the head of the department concerned, without compensation, for not less than one month and shall be suspended for a longer period, or summarily removed from office if circumstances warrant."

The term "official purposes" does not include the transportation of officers and employees between their domiciles and places of employment, except in cases of officers and employees engaged in field work, the character of whose duties make such transportation necessary and such transportation has been approved by officials authorized to do so.

AFFIDAVIT

I certify that my answers above are full and true, and I understand that a willfully false statement or dishonest answer to any question may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law. I also certify that I will comply with the rules and regulations governing the use of government-owned and government-leased motor vehicles and equipment. I will inform my supervisor if my state driver's license is suspended or revoked.

Employee Signature	Date
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TO BE COMPLETED BY SUPERVISOR

The employee is authorized to operate the following types of vehicles/specialized equipment as needed while in the performance of his/her official duties. Use of specialized equipment requires specialized training and must be recorded on the OF-346, U.S. Government Motor Vehicle Operator's Identification Card.

Date Trained	Type of Vehicle/Specialized Equipment	Date Trained	Type of Vehicle/Specialized Equipment
	15 passenger van		Excavator
	Truck type – 2 x 4		Front end loader
	Truck type – 4 x 4		Skid steer
	All Terrain Vehicle**		Tracked vehicle
	Utility Terrain Vehicle**		Trailer towing – under 10,000 GVW
	Forklift		Trailer towing – over 10,000 GVW
	Motor boat		Other (Specify):
	Motorcycle (requires state driver's license endorsement)*		
	Snowmobile		
	HAZMAT endorsement*		
	Backhoe		
	Grader		

***Must conform with applicable state laws for licensing, no checklist is required for these.**

****ATVs and UTVs operated on public roads must be street legal.**

Restrictions (no off-road use of 4 x 4, etc.):

The applicant is authorized to operate a government-owned or government-leased vehicle or specialized equipment while in the performance of his/her official duties, provided he/she has a valid state driver's license in possession at all times while driving.

I certify that I have reviewed available fitness information regarding the physical condition of the applicant and that I have determined there is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.

Signature of Supervisor	Title of Supervisor	Date
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PRIVACY ACT STATEMENT: The Privacy Act of 1974, 5 U.S.C. 552a (Public Law 93-579). The purpose of this Act is to provide certain safeguards for you, as an employee (regular, contracted, or volunteer) of the Bureau of Land Management, against unwarranted invasions of your privacy through the misuse of your records by restricting disclosure of personally identifiable records maintained by this agency. The Act also guarantees your right to access these records and to seek amendment of such records to maintain accuracy, relevance or completeness. Title 5 U.S.C., Section 301, Title 40 U.S.C., Section 491 (j) and Department Manual 485 – Safety and Occupational Health Program (Chapter 16), authorizes each government office to validate that any employee assigned driving responsibilities possess a valid state driver's license.

The sole use of this information is for the purpose of verifying that you possess a valid state driver's license in your state of residence.

FILE WITH THE EMPLOYEE'S SUPERVISOR