

Application for Authorization to Operate Government Vehicles & Equipment

(FSM 7134.1/FSH 7109.19, § 61.2)

Section I – To Be Completed By Applicant

Instructions: Answer all questions completely; include your private, commercial, and government equipment experience.

1. Authorization request is for: Original Renewal Replacement Temporary Authorization (AD, Volunteers, Etc.)

2. Name:

3. Title:

4. Name and Address of Employing Office (Region/Station/Area, Forest/District/Unit):

5. Sex: Male
 Female

6. Date of Birth:

7. Hair Color:

8. Eye Color:

9. Height:

10. Weight:

11. State in which Driver's License is Issued:

12. State Driver's License Number:

13. State License Expiration Date:

14. List your driving/operating experience for the past 5 years, add continuation sheet if necessary.

Years/Months of Experience	Type of Equipment/Vehicle	Size	Annual Estimate Hours/Miles	Special Training or Endorsements

15. List any restrictions placed upon your State license during the last 5 years.

16. List all arrests or summons for violations (tickets) you have received during the last 5 years, include the date, location, type of offense, disposition, or driver's license revocation. If driver's license was revoked, provide beginning and ending dates.

17. List all Motor vehicle accidents within the last 5 years: Include the date, place, circumstances, and cost of repairs.

PRIVACY ACT STATEMENT

The Privacy Act System of Records USDA/OP-1 Personnel and Payroll System for USDA Employees permits the collection of this information from USDA Employees. Solicitation of this information is authorized by 40 U.S.C. 606 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to select and retain only those drivers who can operate motor vehicles in a manner which will assure a reasonable degree of safety to self, others, and property. The information is used for the issuance or re-issuance of Official Form 346, U.S. Government Motor Vehicle Operators Identification Card (OF-346). The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

18. CERTIFICATION

I certify that the statements I have made in this application are true, complete, correct to the best of my knowledge, and made in good faith. I have read and understand the five basic requirements for using the fleet credit card. I authorize the Forest Service to obtain information regarding my State driver's license history for use in determining if authorization will be given to operate Government owned and leased equipment. I understand all information will remain confidential, and any negative results will be forwarded to my supervisor for review.

Applicant's Signature:

Date:

Section II – To Be Completed by Applicant’s Supervisor

19. Employment Status of Applicant: Permanent Temporary Other: _____ (AD, Volunteer, etc.)

20. Applicant will be an: Incidental Operator Motor Vehicle Operator – (As required by position description) I certify that the employee’s position description includes CDL duties, and is coded as a “Test Designated Position” (TPD) for the operation of vehicles that require a valid State CDL:

21. As the applicant’s supervisor, I’ve observed the applicant’s performance operating vehicles less than 10,000 GVWR, under field conditions.
I recommend that the “Basic” road test be waived. Yes, (initial here) _____ No, please schedule a road test.

22. As the applicant’s supervisor, I have personally reviewed the following:
 Applicants Statement’s on this form Applicants State Driver’s License OF 345 Physical Fitness Form

23. As the applicant’s supervisor, I request that the applicant be authorized to operate the government equipment listed below:

- | | |
|--|--|
| <input type="checkbox"/> “Basic” Vehicles – <10,000 GVWR, Includes All 4X4 | <input type="checkbox"/> Forklift |
| <input type="checkbox"/> 15 Passenger Van | <input type="checkbox"/> Trailer <=10,000 GVWR |
| <input type="checkbox"/> Vehicles 10,000 -26,000 GVWR | <input type="checkbox"/> Trailer >10,000 GVWR (Requires CDL) |
| <input type="checkbox"/> =>26,000 GVWR, Commercial Motor Vehicles | <input type="checkbox"/> Trail Bike ONLY |
| <input type="checkbox"/> Heavy Equipment – Rubber Tired Equipment | <input type="checkbox"/> Motorcycle (State License Required) |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Snowmobiles |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Snow Machines |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Motorized Boats |
| <input type="checkbox"/> Heavy Equipment – Track Equipment | |
| <input type="checkbox"/> _____ | |
| <input type="checkbox"/> _____ | |
| <input type="checkbox"/> _____ | |

Renewal Authorizations Only, Complete Block 23

24. As the applicant’s supervisor, I have personally reviewed the following:
 The Applicants has operated the requested equipment during the last four (4) years.
Refresher courses required every 3 years (Boats every 2 years): (Attach documentation and/or certificate of completion.)

Defensive Driving:	(Date)	Instructor:		Location:	
ATV/UTV:	(Date)	Instructor:		Location:	
Forklift:	(Date)	Instructor:		Location:	
Snowmobile/Snow machine:	(Date)	Instructor:		Location:	
Motorized Boats:	(Date)	Instructor:		Location:	

25. Supervisor’s Signature: _____ Date: _____

SECTION III – To Be Completed by Driver/Operator Examiner

26. Applicant meets the physical fitness requirements as shown on the:
 OF-345 (Physical Fitness required for Motor Vehicle Operators) CDL Medical Certificate (If required)

27. “Basic” Road Test administered and passed: Yes No

28. State Driver’s License Record Check Received: Yes No

29. Applicant is **not** qualified to drive/operate the following vehicles or equipment due to the following reason(s):
(Examples: Operator failed written or road test(s), applicant has not operated equipment in the last four (4) years etc)

30. Examiner’s Signature: _____ Title: _____ Date: _____