

Application for Authorization to Operate Government Vehicles & Equipment

Section 1 – To Be Completed By Applicant

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

Name:					Title					
Name and Address of Employing Office (Forest/District/Unit)										
Sex [] Male [] Female		Date of Birth			Color Hair		Color of Eyes		Height	
Weight		State Driver's License Number			State Issued and Expiration Date					
List your driving/operating experience for the past 5 years, add continuation sheet if necessary.										
Months of Experience	Type of Equipment/Vehicle	Size	Yearly Estimate Hours/Miles	Special Training or Endorsements						
List any restrictions placed upon your license during the last 5 years:										
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 If drivers license was revoked, provide beginning and ending dates:										
List all Motor vehicle accidents within the last 5 years: Include the date, place, circumstances, and cost of repairs.										
<p>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 authorize the Forest Service to obtain information regarding my State driver's license history for use in determining issuance of a Government license for operating Government owned and leased equipment. I understand all information will remain confidential, and any negative results will be forwarded to my supervisor for review.</p>										
Applicants Signature:					Date:					

CONFIDENTIAL

R6-184 (6/05)

Section II – To Be Completed by Supervisor		
Employment Status of Applicant: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> AD <input type="checkbox"/> Other (List)		
Applicant will be an: <input type="checkbox"/> Operator <input type="checkbox"/> Incidental Operator <input type="checkbox"/> Other (List)		
License Application is for: <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement <input type="checkbox"/> Temporary Authorization (AD's)		
As the applicants supervisor, I recommend that the hands-on general & 4x4 road test be waived: <input type="checkbox"/> Yes, (Initial Here)_____ <input type="checkbox"/> No , please schedule a hands-on general & 4x4 road test		
As the applicants Supervisor I have personally reviewed the following: <input type="checkbox"/> Applicants Statement's on this form <input type="checkbox"/> SF 47 Physical Fitness Form <input type="checkbox"/> NDR-EMP Request for National Driver's Check <input type="checkbox"/> Applicants State Driver's License <input type="checkbox"/> Applicants Government License (Renewals) <input type="checkbox"/> Applicants operation of the equipment currently licensed during the last four (4) years. (Renewals)		
Renewals - Refresher courses required every 3 years: Defensive Driving: Date_____ Instructor:_____ Location:_____ ATV: Date:_____ Instructor:_____ Location:_____ Forklift: Date_____ Instructor:_____ Location:_____ Snowmobile: Date_____ Instructor:_____ Location:_____		
Type of vehicles for which permit/license is requested: (For trucks/trailers/forklifts include GVWR limitations)		
As the applicants supervisor I: <input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend that the applicant to be licensed for the requested government equipment.		
Signature of Supervisor:		Date:
SECTION III - To Be Completed by License Examiner		
Operator meets the physical fitness requirements as shown on the: <input type="checkbox"/> SF-47 (Physical Fitness required for Motor Vehicle Operators) <input type="checkbox"/> SF-78 (Certificate of Medical Examination)		
General Road Test issued and passed <input type="checkbox"/> Yes <input type="checkbox"/> No (see above for waiver information)		
State Driver's License History Check <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Applicant is not qualified to drive/operate the following vehicles/equipment due to the following reason(s): (i.e., Failed driver's license history review; not operated equipment in the last five (5) years, etc.).		
Reviewed By Licensed Examiner:		
Signature	Title	Date
Section IV – To Be Completed by Individual with Authority to Issue OF-346		
I certify that I have reviewed the information on this form and other information available and determined this applicant be issued an OF-346 with restrictions (if applicable) as indicated from the SF-47, SF-78, or State Drivers License.		
Signature of Issuing Officer	Title	Date

CONFIDENTIAL

R6-184 (6/05)