



**Application for Authorization to Operate Government Vehicles & Equipment**  
 (FSM 7134.1/FSH 7109.19, § 61.2)

FS-7100-0184 (REV.06/15)

**Section I - To Be Completed By Applicant (Forest Service Employees Only)**  
 Instructions: Answer all questions completely; include your private, commercial, and government equipment experience.

Original Authorization     
  Renewal Authorization     
  Replacement     
  Temporary Authorization (ADs)

Name  Job Title

Name and Address of Employing Office (Forest / District/ Town/ State)

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

**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. 491 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.

List any medical conditions known or listed on the applicant's State issued Driver's License.

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, including the date, location, type of offense, disposition, or driver's license revocation. If driver's license was revoked, provide beginning and end dates.

List any motor vehicle accidents within the last 5 years: include the date, place, circumstances, and cost of repairs.

**CERTIFICATIONS**

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 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. I further certify that I have received and understand vehicle fuel and maintenance purchasing regulations as per USDA Departmental Regulation (DR) 5400-06 and Forest Service policy.

Employee Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**Section II - To Be Completed by Applicant's Supervisor**

Temporary     
  Permanent     
  AD     
  Other (List) \_\_\_\_\_  
**Applicant will be an:**  
 Operator (classified as a motor vehicle operator)     
  Incidental Operator (requirement of duties)

Initial Here

I have observed the applicant's performance and abilities under field conditions. \_\_\_\_\_  
 I have not observed the applicant's performance.

Initial Here

I request that the general & 4x4 road test be waived.  
 I do not request that the general & 4x4 road test be waived.

**As the applicant's supervisor, I have personally reviewed the following:**

Applicants statements on this form     
  Applicant's Supplied State Driving Record  
 Applicants State Drivers License     
  Current CDL Medical Card if Applicable  
 Renewal of Authorization to Operate Government vehicles and equipment (CDL's Required Annually)  
 Applicants operation of equipment currently authorized to operate during the last three (3) years

**Renewals - Refresher courses required every three (3) years:**

<b>Defensive Driving:</b>		<b>(Date)</b>	<b>Instructor:</b>		<b>Location:</b>	
<b>ATV/UTV/ROV:</b>		<b>(Date)</b>	<b>Instructor:</b>		<b>Location:</b>	
<b>Forklift:</b>		<b>(Date)</b>	<b>Instructor:</b>		<b>Location:</b>	
<b>Snowmobile:</b>		<b>(Date)</b>	<b>Instructor:</b>		<b>Location:</b>	

As the applicant's supervisor I:     
  Recommend     
  Do Not Recommend

that the applicant be authorized to operate the requested government equipment marked below:

Vehicles up to 10,000 lbs GVWR

**Specialized Equipment - must take written test and demonstrate their proficiency to operate the specialized equipment for the original application. (Attach written and performance examinations to application.)**

<input type="checkbox"/> Vehicles 10,000-26,000 lbs GVWR	<input type="checkbox"/> Class 1 Trailer Towing up to 1500 lbs (NO trailer brakes)
<input type="checkbox"/> CDL (required over 26,000 lbs GVWR or GCVWR)	<input type="checkbox"/> Class 2 Trailer Towing 1501-3500 lbs (trailer brakes installed)
<input type="checkbox"/> Air Brakes	<input type="checkbox"/> Class 3 Trailer Towing 3501-5000 lbs (trailer brakes installed)
<input type="checkbox"/> Motorcycle (state endorsement)	<input type="checkbox"/> Class 4 Trailer Towing 5001-10000 lbs (brakes & equalizer)
<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Class 5 & Gooseneck Trailers > 10,000 lbs
<input type="checkbox"/> ATV	<input type="checkbox"/> Heavy Equipment (Specify Type)
<input type="checkbox"/> UTV or ROV	<input type="checkbox"/> Boats _____ feet in length (re-certify every 2 years)
<input type="checkbox"/> Fire Vehicle with red lights & sirens	<input type="checkbox"/> AUTOMATIC TRANSMISSION ONLY
<input type="checkbox"/> Law Enforcement Vehicle	<input type="checkbox"/> NO OFF ROAD DRIVING AUTHORIZED

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Section III - To Be Completed by Driver/ Operator Examiner**

- Hands-on General & 4x4 Road Test issued and passed.
- Not Passed (see Section II for waiver information).
- Applicant is not qualified to drive/operate the following vehicles or equipment for the following reason(s):  
(Examples: Failed driver's performance or written examination; etc.).

Signature of Examiner

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 without restrictions.
- OF-346 with restrictions as indicated on page 3 of this application, a OF-178 (Medical Certificate of Examination), or State Driver's License.

Signature of Issuing Official

Title

Date

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