UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MOTOR VEHICLE OPERATORS AUTHORIZATION

TO BE COMPLETED BY EMPLOYEE			
Employee Name (Last, First, M.I.)		Employee Mailing Address (as on license)	
Office ID (e.g., FA-200)		Employee Date of Birth	
Employment Status (choose one): P - Permanent; TERM - Term; TEMP - Temporary; PPT - Permanent Part-Time; CS - Career Seasonal; V - Volunteer			
CURRENT DRIVER'S LICENSE INFORMATION			
State of Issue	License Number	Date Issued	Date Expires
Do You Have a Commercial Driver's License (CDL)? Check One) ☐ YES ☐ NO CDL No. _____		Date CDL Physical Expires	
Is your current license valid in the State where you are domiciled? (Circle one) ☐ YES ☐ NO		Previously licensed in the State(s) of (past three years only)	

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The sole use of this information is by your employing office for the purpose of verifying that you possess a valid state driver's license. Executive Order 9397 authorizes collection of this information. Furnishing the information on this form is voluntary, but failure to do so may result in your not being authorized to operate a vehicle in the performance of your job. If your agency uses the information furnished on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting those purposes.

APPLICANT-PLEASE READ!

Severe penalties are provided for unofficial use of Government-owned or leased vehicles by 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 makes such transportation necessary and such transportation has been approved by officials authorized to do so.

"MOTOR VEHICLE OPERATOR'S AFFIDAVIT"

I hereby certify that I will comply with the rules and regulations governing the use of Government-owned or leased motor vehicles, and that I have read and understand the penalties for unofficial use.

Signature of Applicant	Date

"TO BE COMPLETED BY THE SUPERVISOR"

The above-named applicant is authorized to operate a Government-owned or leased vehicle while in the performance of his/her official duties, provided he/she has a valid State driver's license in his/her possession at all times while driving:

Types of Vehicles Authorized to Operate: Passenger, Light Truck, & 4WD (NTE 1 ton)		
Restrictions		
Signature of Supervisor	Title Area or Division	Date

Date of Last Defensive Driving Course: Classroom Course _____ *Or* Personal Computer Class: _____ Date of Last 4WD Driving Course: Classroom Course _____ *Or* Personal Computer Class: _____ Safety Manager's Initials: _____ Date: _____ Date Entered Into Safety Data Base: _____ Date Placed in Personnel File: _____ Date of Driver's License Verification: _____