

(Bureau, Office, Area, Etc.)

APPLICATION FOR U.S. GOVERNMENT MOTOR VEHICLE OPERATOR'S IDENTIFICATION CARD

This form must be completed before any person may be issued a U.S. Government Motor Vehicle Operator's Identification Card, SF 46, either as a regular operator or an incidental operator. In addition to completing this form, the applicant must complete Standard Form 47. Original copies of both forms, signed by the applicant shall be submitted to the Supervisor for review and signature prior to forwarding to the issuing officer for processing.

APPLICANT'S NAME		TITLE			CHECK ONE <input type="checkbox"/> OPERATOR <input type="checkbox"/> INCIDENTAL OPERATOR	
SEX	DATE OF BIRTH	COLOR OF HAIR	COLOR OF EYES	HEIGHT	WEIGHT	SOCIAL SECURITY NO.
TYPES OF VEHICLES YOU WILL BE OPERATING (passenger, light truck, etc.)					BIRTHPLACE	

SUMMARY OF DRIVING RECORD (Include privately-owned vehicles)

1. NUMBER OF YEARS DRIVING	2. TYPES OF VEHICLES YOU HAVE OPERATED
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CURRENT DRIVER'S LICENSE

3. NUMBER	4. STATE	5. DATE ISSUED	6. DATE EXPIRES
7. TYPES OF STATE LICENSES HELD AND RESTRICTIONS ON EACH		8. IS YOUR CURRENT LICENSE VALID IN THE STATE WHERE YOU ARE DOMICILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. PREVIOUSLY LICENSED IN THE STATE(S) OF: (past three years only)

10. RECORD OF MOTOR VEHICLE CONVICTIONS (past three years)

DATE	NATURE OR TYPE OF VIOLATION	CITY & STATE	ACTION TAKEN

11. RECORD OF ACCIDENTS FOR PAST THREE YEARS

DATE	NATURE OR TYPE OF ACCIDENT	CITY & STATE	ACTION TAKEN

I certify that the above statements are true and correct to the best of my knowledge:

APPLICANTS SIGNATURE	DATE	OFFICE TELEPHONE NO.
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TO BE COMPLETED BY SUPERVISOR

12. APPLICANT IN MY OPINION <input type="checkbox"/> IS <input type="checkbox"/> IS NOT CONSIDERED QUALIFIED TO OPERATE SAFELY THE VEHICLES FOR WHICH AUTHORIZATION IS HEREIN REQUESTED SUBJECT TO THE RESTRICTIONS STATED SIGNATURE OF SUPERVISOR	13. NATURE AND EXTENT OF OPERATION 14. RECOMMENDED LIMITATION TITLE DATE
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TO BE COMPLETED BY EXAMINER

15. DATE OF ROAD TEST	16. <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	17. TYPE OF VEHICLE
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18. COMMENTS:

SIGNATURE OF EXAMINER	TITLE	DATE
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TO BE COMPLETED BY ISSUING OFFICER

19. PHYSICAL FITNESS INQUIRY (SF-47) <input type="checkbox"/> QUALIFYING <input type="checkbox"/> DISQUALIFYING	20. CERTIFICATE OF MEDICAL EXAMINATION (SF-78) <input type="checkbox"/> QUALIFYING <input type="checkbox"/> DISQUALIFYING
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21. NATIONAL DRIVER REGISTER USED TO CHECK DRIVER RECORD <input type="checkbox"/> YES <input type="checkbox"/> NO	22. IDENTIFICATION NUMBER	23. DATE ISSUED	24. DATE EXPIRED
25. RESTRICTIONS			

26. ROAD TEST WAIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	27. REASON FOR WAIVER, IF GIVEN
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SIGNATURE OF ISSUING OFFICER	TITLE	DATE
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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 and leased motor vehicles, and that I have read and understand the penalties for unofficial use.

SIGNATURE OF APPLICANT	DATE
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