

APPLICATION FOR MOTOR VEHICLE OPERATOR'S IDENTIFICATION CARD

INFORMATION TO APPLICANT: Title 40 USC 471 and Executive Order 9397 authorize the collection of the information requested on this form, including social security number. Your failure to disclose the information requested, including your social security number, will result in your being denied a SF-46, "U.S. Government Motor Vehicle Operator's Identification Card," for use as an incidental motor vehicle operator or will preclude your appointment in a regular motor vehicle operator position for which you have applied.

The information you disclose will be used in determining your fitness to operate a U.S. Government vehicle. The information may also be used: a) by a federal, state, or local agency when there is an indication of a violation or potential violation of law; b) by the Civil Service Commission in carrying out its functions; c) to request information from a federal state, or local agency relevant to a decision on hiring or other benefits; d) by unions recognized under Executive Order 11491, where required; and e) for other routine uses published in accordance with 5 USC 552a.

APPLICANT SHOULD COMPLETE ITEMS 1 -15 BELOW, EXCEPT ITEM 2.

1. NAME OF APPLICANT <i>(Please print)</i>	SOCIAL SECURITY NUMBER		
BUREAU, OFFICE, ETC.	2. SF-46 ISSUED (OFFICE USE)		
	CARD NUMBER	DATE ISSUED	DATE EXPIRES
	1.		
	2.		
	3.		

SUMMARY OF DRIVING RECORD

3. NUMBER OF YEARS YOU HAVE DRIVEN	4. TYPE VEHICLE(S) OPERATED	NUMBER OF YRS.	5. CURRENT DRIVER'S LICENSE			
			NUMBER	STATE	DATE	DATE EXPIRES
6. RESTRICTIONS ON STATE LICENSE <i>(Glasses, daytime, automatic, etc.)</i>	7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. DATE OF BIRTH	9. COLOR HAIR	10. COLOR EYES	11. HEIGHT	12. WEIGHT

13. RECORD OF ARRESTS, SUMMONSES; TRAFFIC TICKETS (except parking), CONVICTIONS, FORFEITURES OF COLLATERAL, AND SUSPENSIONS OR REVOCATIONS OF DRIVER'S LICENSE OR GOVERNMENT MOTOR VEHICLE OPERATOR'S CARD FOR PAST 5 YEARS

DATE	NATURE OR TYPE OF VIOLATION	CITY AND STATE	ACTION TAKEN

14. RECORD OF ACCIDENTS FOR THE PAST 5 YEARS

DATE	NATURE OR TYPE OF ACCIDENT	CITY AND STATE	ACTION TAKEN

15. I certify that the above statements are true and correct to the best of my knowledge.	SIGNATURE OF APPLICANT	DATE
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(To be completed by Supervisor)

It is requested that this applicant be examined and issued a permit authorizing him/her to operate vehicles indicated.

<input type="checkbox"/> REGULAR OPERATOR <input type="checkbox"/> INCIDENTAL OPERATOR <input type="checkbox"/> TEMPORARY OPERATOR	TYPE OF VEHICLE OR EQUIPMENT	
SIGNATURE OF SUPERVISOR	TITLE OF SUPERVISOR	DATE

RECORD OF EXAMINATIONS (To be completed by Issuing Officer)

ITEM	1ST EXAMINATION				2D EXAMINATION				3D EXAMINATION			
	SAT.	UNSAT	DATE	EXAMINER	SAT.	UNSAT	DATE	EXAMINER	SAT.	UNSAT	DATE	EXAMINER
1. Past Driving Record (See reverse)												
2. Physical Fitness												
3. Road Test												
4. Other Tests (Specify)												

5. Has an approved driver education course been satisfactory completed? YES NO If YES, when?

6. Restrictions

Applicant is qualified to operate Government vehicle except as indicated in Item 6.	SIGNATURE AND TITLE OF ISSUING OFFICER	DATE
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