

MOTOR VEHICLE OPERATOR QUALIFICATIONS AND RECORD OF LICENSING, EXAMINATION AND PERFORMANCE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

AUTHORITY: 10 USC 8012; 44 USC 3101; EO 9397.

PRINCIPAL PURPOSE: To record operator qualification and record of licensing, examination, and performance.

ROUTINE USE(S): Analyze driving record of individuals; determine physical profile changes since last medical examination; determine past and current driving experience; make necessary adjustments on member's driving record; determine safe driver award as prescribed in governing directives. Information may be disclosed to any DOD component and upon request, to other federal, state, and local agencies in the pursuit of their official duties. It may be used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: If requester fails to furnish the information solicited, SF 46, US Government Motor Vehicle Operator's Identification Card, will not be issued.

NAME (Last, First, Middle Initial)		GRADE	TITLE		ORGANIZATION	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (Yr, Mo, Day)	AGE	COLOR OF HAIR	COLOR OF EYES	HEIGHT
WEIGHT						

I. BACKGROUND AND EXPERIENCE

TYPE OF VEHICLE <small>a</small>	SIZE <small>b</small>	TYPE OF DRIVING OR OPERATION <small>(City, rural, long haul, etc.)</small> <small>c</small>	DRIVER'S LICENSES <small>(Government, State, etc.)</small> <small>d</small>	DATE AND PLACE QUALIFIED <small>(Give "Date" in Yr, Mo, Day)</small> <small>e</small>	SATISFACTORY EXPERIENCE VERIFIED BY <small>f</small>

II. PHYSICAL EXAMINATION (When applicant fails 1 and 2 below, refer them to medical facility)

INITIAL			DATE	RENEWAL		EXAM INITIALS	DATE		
			(Yr, Mo, Day)				(Yr, Mo, Day)		
1.	VISUAL ACUITY <small>(Distance)</small>	GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO	RESTRICTIONS		NAME OF EXAMINER	PASSED	FAILED		
		LEFT EYE 20/	RIGHT EYE 20/	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED					
2.	COLOR PERCEPTION	RED, AMBER, GREEN <small>(Tower signals, if applicable)</small>	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED						
3. MEDICAL REFERRAL?		RESULTS OF MEDICAL EXAMINATION							
		<input type="checkbox"/> YES <input type="checkbox"/> NO							

III. ROAD TEST (Use for initial, renewal, or reexamination only)

DATE	TYPE OF VEHICLE	ROAD TEST SCORE	COMMENTS, RECOMMENDATIONS AND SIGNATURE OF ROAD TEST EXAMINER
(Yr, Mo, Day)	a	b	c

I understand the instructions received at the driver training school; state, local, and base traffic regulations, proper procedures for completing trip tickets and accident reports; and my responsibility and consequences involving negligence in failing to perform preventive maintenance to motor vehicles, or being at fault in causing accidents. I have been shown how to overcome or adjust my driving weaknesses.

DATE (Yr, Mo, Day)		SIGNATURE OF APPLICANT			
INITIAL	RENEWAL	INITIAL	RENEWAL		

