

REQUEST FOR AUTHORIZATION TO OPERATE A GOVERNMENT - OWNED OR LEASED VEHICLE

1. Employee Name:	2. E-mail: (firstname.last@usda.gov)	3. Home Address:
4. Valid State or Territory Driver's License Number:	5. Driver's License Issuing State or Territory:	6. Driver's License Expiration Date:
7. Restrictions shown on Driver's License: <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> None <input type="checkbox"/> Other (Please Specify) _____		8. Program Office and District/Region:

9. List all Accidents or Traffic Violations that Occurred while Driving a Personal or Government Vehicle in the Last 5 Years:
(By Date, Place, Charge, and Disposition)

10. List of Accidents in Last 5 Years: (By Date, Place, Circumstances and Dollar Damage to Vehicle, Driver, Other Vehicles, and Property)

11. List all Suspensions or Revocations of State Driver's License in the Last 5 Years:

12. Driver Improvement Training Courses Completed in the Last 5 Years:

13. I certify that all the information given by me in this application is true, complete and made in good faith.	Signature of Applicant:	Date: (mm/dd/yyyy)
14. I have reviewed the employee's statements as indicated and have verified that said employee possesses a valid State/Territory driver's license.	Signature of Supervisor:	Date: (mm/dd/yyyy)

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15. Reviewed for Approval: Approved Disapproved
Reason for Disapproval:

16. Signature Certifying Officer:	Title:	Date: (mm/dd/yyyy)
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