



APPLICATION FOR MATERIAL HANDLING EQUIPMENT

PART I APPLICATION

1. NAME (Last, First, Middle)			2. RANK	3. SSN		4. ORGANIZATION		
5. SEX	6. HEIGHT	7. WEIGHT	8. EYE COLOR	9. HAIR COLOR	10. DOB	11. SECTION		

12. OIC, SNCOIC, OR SUPERVISORSSIGNATURE

I RECOMMEND THAT THIS INDIVIDUAL BE EXAMINED FOR QUALIFICATION TO HOLD THE MHE OPERATORS LIC.

_____ (Signature)

_____ (Date)

PART II EXAMINATION

13. QUALIFICATION TESTS (CHECK)

TEST	SAT	UNSAT	TEST	SAT	UNSAT	TEST	SAT	UNSAT
PHYSICAL			HEARING			VISION		
WRITTEN			ROUGH TERRAIN			SPECIAL QUALIFICATION		

14. RESTRICTIONS:

CHECK HERE IF NONE

CORRECTIVE LENSES REQUIRED

HEARING AID REQUIRED

PART III LICENSE ACTION

15. CATEGORY (Check One)

NEW

RENEWAL

16. EQUIPMENT CLASSES QUALIFIED TO OPERATE (LIST):

17. SIGNATURE OF LICENSING EXAMINER

I CERTIFY THAT THIS INDIVIDUAL IS QUALIFIED TO OPERATE THE ABOVE LISTED EQUIPMENT.

_____ (Signature)

_____ (Date)

18. LICENSE # ISSUED	19. DATE ISSUED	20. EXPIRATION DATE
21. SIGNATURE OF LICENSING OFFICER		DATE