

APPLICATION FOR GOVERNMENT VEHICLE OPERATOR'S PERMIT (11240)

NAVMC 10964 (REV. 7-15)(EF) (PREVIOUS EDITIONS ARE OBSOLETE)

SN: 0109-LF-064-7800 (SUPERSEDES NAVFAC FORM 9-11240/10 FOR USMC USE.)

PART I APPLICATION

1. NAME (Last, First, Middle)			2. RANK	3. DOD ID NUMBER	4. ORGANIZATION		
5. SEX	6. HEIGHT	7. WEIGHT	8. EYE COLOR	9. HAIR COLOR	10. PLACE OF BIRTH (City and State)	11. DOB (YYYY/MM/DD)	

PAST DRIVING RECORD

12. STATE OF ISSUE	13. LICENSE NUMBER	14. ISSUE DATE (MM/DD/YYYY)	15. EXP. DATE (MM/DD/YYYY)	16. CLASS OF VEHICLE
--------------------	--------------------	-----------------------------	----------------------------	----------------------

17. COMMANDING OFFICER'S / SUPERVISOR'S SIGNATURE

I RECOMMEND THAT THIS INDIVIDUAL BE EXAMINED FOR QUALIFICATION TO HOLD THE OF-346.

(SIGNATURE)

(DATE)

PART II EXAMINATION

18. QUALIFICATION TESTS: (CHECK)

TEST	SAT	UNSAT	TEST	SAT	UNSAT	TEST	SAT	UNSAT
PHYSICAL			HEARING			VISION		
WRITTEN			REACTION TIME			SKILL		
ROAD			DIRT/CROSS COUNTRY			SPECIAL QUALIFICATION		

19. RESTRICTIONS: (LIST) CHECK HERE IF NONE *MEDICAL CERTIFICATE *CORRECTIVE LENS REQUIRED *HEARING AID REQUIRED **PART III LICENSE ACTION**

20. CATEGORY: (CHECK ONE) LEARNERS PERMIT DATE AND NUMBER NEW <input type="checkbox"/> RENEW <input type="checkbox"/> UPGRADE <input type="checkbox"/> DUPLICATE <input type="checkbox"/>	21. CLASS OF LICENSE: (CHECK ALL THAT APPLY) COMMERCIAL <input type="checkbox"/> TACTICAL <input type="checkbox"/> BUS <input type="checkbox"/> TRACTOR <input type="checkbox"/>
--	---

22. CLASSES OF VEHICLES: (CHECK ALL THAT APPLY)

SEDANS/STATION WAGONS TRUCKS TO _____ TON TRUCK-TRACTOR TO _____ TON BUSES TO _____ PASS

23. SPECIAL QUALIFICATIONS:

EMERGENCY VEHICLE TRUCK WITH FULL TRAILER OTHER (SPECIFY) SEMITRAILER REFUELER RECOVERY VEHICLE HAZARDOUS MATERIALS

24. VEHICLE/EQUIPMENT CLASSES QUALIFIED TO OPERATE LIST:

25. SIGNATURE OF LICENSING EXAMINER:

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

(SIGNATURE)

(DATE)

26. LICENSE # ISSUED	27. DATE ISSUED (DD/MMM/YYYY)	28. EXPIRATION DATE (DD/MMM/YYYY)
----------------------	-------------------------------	-----------------------------------

29. SIGNATURE OF LICENSING OFFICER / ISSUING OFFICIAL	DATE (DD/MMM/YYYY)
---	--------------------

PART IV RECORDING ACTION

30. RECORDING OFFICIAL'S SIGNATURE I CERTIFY THAT ALL THE INFORMATION IN BLOCKS 19, 20, 23, 24, 26, 27 AND 28 HAVE BEEN ENTERED IN MCTFS. UNIT DIARY # _____	SIGNATURE	DATE (DD/MMM/YYYY)
---	-----------	--------------------

