

EQUIPMENT OPERATOR'S QUALIFICATION RECORD (EXCEPT AIRCRAFT)

For use of this form, see AR 600-55; the proponent agency is DCS, G3/5/7.

NAME (Last, first, initial)					PERMIT (Initial)	
					NUMBER	DATE ISSUED
					TYPE	LIMITATIONS (Physical or operational)
SEX	DATE OF BIRTH	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	POSITION TITLE (If civilian)

SECTION I - OFFICIAL QUALIFICATIONS

TYPE OF EQUIPMENT	SIZE	SPECIAL QUALIFICATION ¹	DATE QUALIFIED	QUALIFIED AT	NAME OF EXAMINER

SECTION II - BACKGROUND AND EXPERIENCE

TYPE OF EQUIPMENT	SIZE	TYPE OF DRIVING OR OPERATION ²	ADDITIONAL DRIVER'S LICENSES (State or agency)	NUMBER OF OTHER DRIVER'S LICENSES	SATISFACTORY EXPERIENCE VERIFIED BY

¹ Special equipment, special operations or conditions

² City, rural, long haul, etc.

SECTION III - PERFORMANCE RECORD

(List chronologically as "credits" - awards, training, retraining, testing, retesting, roadeos, permit renewal, relicensing, etc; and as "debits" - accidents, arrests, violations, warnings, revocations, suspensions, etc.)

DATE	CREDITS	DEBITS	TYPE OR NATURE	ACTION TAKEN

SECTION IV - EXAMINATION FINDINGS

BATTERY I - (Administered as a part of reception processing, at reception stations)	BATTERY II - (To be administered to all applicants for Driver Permit SF 46) (To transfer raw score to standard score see DA Pamphlet 611-119)		
	DA FORM 6122	RAW SCORE	STANDARD SCORE
	DA FORM 6123		
	DA FORM 6124		
ENTER SCORE FROM ITEM 24 OF INDIVIDUAL'S DA FORM 20	TOTAL STANDARD SCORE		
	STANDARD SCORE FOR BATTERY II (Divide Total Standard Score by 3)		
STANDARD SCORE	SUCCESSFUL COMPLETION <input type="checkbox"/> YES <input type="checkbox"/> NO	EXAMINATION ADMINISTERED BY (Last name - first name - middle initial)	

I PHYSICAL EVALUATION MEASURES			✓ - IF QUALIF'D X - IF SUBSTAND.	SIGNATURE OF EXAMINER	COMMENTS AND RECOMMENDATIONS ON SUBSTANDARD ITEMS
1. VISUAL ACUITY	LEFT EYE 20/	RIGHT EYE 20/			
2. FIELD OF VISION	LEFT EYE /°	RIGHT EYE /°			
3. HEARING	LEFT EAR /20	RIGHT EAR /20			
4. REACTION TIME	/100 SEC	/100 SEC			
5. DEPTH PERCEPTION					
6. COLOR PERCEPTION					SIGNATURE OF MEDICAL AUTHORITY

II DRIVING PERFORMANCE TEST (Check "✓" if successful, "x" if failed and corrective training is needed)

A. ROAD TEST - PREREQUISITE									
1. INSTRUMENTS (Location, correct reading, action for abnormal reading)	OIL LEVEL STICK		TEMPERATURE GAGE		OIL PRESSURE GAGE		VOLTOMETER		
	AMMETER		TACHOMETER		FUEL GAGE		AIR PRESSURE GAGE		
2. BEFORE OPERATION CHECK	VEHICLE DAMAGE	CONDITION OF TIRES	CLEAN HEADLIGHTS		OIL LEVEL	BAT-TERY	SEAT ADJUSTMENT		
	MIRROR ADJUSTMT.	HORN	HAND BRAKES		FOOT BRAKES	WATER LEVEL	WIPER		
3. EMERGENCY EQUIPMENT (Location and use)	FIRE EXTINGUISHER			HIGHWAY WARNING KIT			OTHER (Describe)		
4. CONTROLS - "DRY RUN"	GEARS		BRAKE		CLUTCH		FRONT AXLE		
5. DEPTH PERCEPTION (Two feet from target)	FIRST TRY			SECOND TRY			THIRD TRY		
6. PRACTICE RUN (½ mile)	START	PULL OUT	SHIFT		3 STOPS		TURNS		BACKING
7. ADDITIONAL REQUIREMENTS FOR LICENSE	LOCAL LAWS		OPERATING PROCEDURES		ACCIDENT REPORTING				
	OTHER (Describe)								

B. ROAD TEST - SCORED PHASE (DA PRT 2678)		100
COMMENTS AND RECOMMENDATIONS OF ROAD TEST EXAMINER	NUMBER OF TALLY MARKS ON CHECK LIST PRT 2678 (Subtract)	
	ROAD TEST SCORE	
	SIGNATURE OF ROAD TEST EXAMINER	
MY DRIVING WEAKNESSES HAVE BEEN MADE KNOWN TO ME AND I HAVE BEEN SHOWN HOW TO OVERCOME OR ADJUST THEM.	DATE	SIGNATURE OF APPLICANT