

**NOMINATION OF GOVERNMENT VEHICLE DRIVER**

(Proponent: Transportation Department)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING INFORMATION REQUESTED BELOW

**TO:**

**FROM: (UNIT)**

**DATE:**

PART I - - COMPLETED BY UNIT COMMANDER (MILITARY) OR SUPERVISOR (CIVILIAN EMPLOYEES) or (VCO/Master Driver)

1. Request the following individual be administered the necessary tests to obtain a U.S. Government Motor Operator's Identification Card (OF 346) IAW AR 600-55 and/or documentation on DA348

NAME (Last, First, MI)

RANK/GRADE

SSN (Last Four Only)

HEIGHT

WEIGHT

COLOR HAIR

COLOR EYES

DATE OF BIRTH (Day/Mo/Yr)

PLACE OF BIRTH (City & State)

PRIOR BATTERY I or II SCORE

STATE LICENSE IN POSSESSION (State, Number, Expiration)

PHYSICAL LIMITATIONS

TRAFFIC VIOLATIONS/ACCIDENTS IN PAST 2 YEARS

TYPE OF OF 346 REQUIRED:

Renewal

Army Standard

Learner's Permit

30-Day Incidental

VEHICLE (S) TO BE QUALIFIED ON FOR OPERATION

Tacticals:  HMMWV  M1078A/2  M1083LMTV  Other \_\_\_\_\_

Commercials:  5 Ton S&P  1 Ton & below  LSEV  Bus \_\_\_\_\_  Other \_\_\_\_\_

2. I hereby certify that the above individual has received training and education that meet the requirements as outlined in AR 385-10 .

Expiration Date of Accident Avoidance Course

(Four years from training date)

\_\_\_\_\_

SIGNATURE OF REQUESTING AUTHORITY

PART II - - FOR DRIVER'S TESTING USE ONLY:

Physical Evaluation:

- Visual Activity \_\_\_\_\_ / \_\_\_\_\_
- Field of Vision \_\_\_\_\_ / \_\_\_\_\_
- Depth of Perception \_\_\_\_\_ / \_\_\_\_\_
- Color Perception \_\_\_\_\_ / \_\_\_\_\_

Vehicle (s) Qualified on:

- HMMWV \_\_\_\_\_
- M1078A/2 \_\_\_\_\_
- M1083LMTV \_\_\_\_\_
- LSEV \_\_\_\_\_
- 5 Ton S&P \_\_\_\_\_
- 1 Ton & Below \_\_\_\_\_
- Bus \_\_\_\_\_
- Other \_\_\_\_\_

Battery 2 Test:

- EJT \_\_\_\_\_ / \_\_\_\_\_
- VJT \_\_\_\_\_ / \_\_\_\_\_
- TWTC \_\_\_\_\_ / \_\_\_\_\_

Total Score \_\_\_\_\_

STANDARD Score \_\_\_\_\_