

AUTHORIZATION FOR OPERATION OF MOTOR VEHICLES AND/OR EQUIPMENT

(Manager or supervisor completes this form). This authorization must be supported by additional training documentation as appropriate for each type of motor vehicle or equipment the operator is authorized to operate.

Operator Name: _____ Station Name: _____

Type of Authorization: New Updated *Suspended/Date: _____

* Explanation of suspension: _____

Operator must be either: Service Employee Volunteer Partner

Does operator carry a valid State driver's license? Yes No

Type of State driver's license required: **(Attach a copy of license)** Regular (or) [Commercial Driver's License \(CDL\)](#)

Class of State's driver's license (*List CDL endorsements if applicable*): _____

Date(s) [defensive driver training](#) completed: _____

Does operator carry a valid [agency identification card](#) or [document](#)? Yes No *

* Explain: _____

Is operator [physically and medically qualified](#) as required? Yes No *

* Explain: _____

Types of motor vehicles and motor equipment authorized to operate (check those that apply). Attach safety training documentation. Unless required by a supervisor, items marked with a (*) do not require safety training other than the possession of a valid State license for that vehicle class.

STATE LICENSE REQUIRED*	HEAVY EQUIPMENT SAFETY TRAINING REQUIRED	ORUV/OTHER EQUIPMENT TRAINING
<input type="checkbox"/> Sedans	<input type="checkbox"/> Agricultural Tractors	<input type="checkbox"/> Off-Road Utility Vehicles (ORUV)
<input type="checkbox"/> Station Wagons	<input type="checkbox"/> Crawler Loaders	Forklift Class: _____ Type ORUV: _____
<input type="checkbox"/> Vans: less than 15 passengers	<input type="checkbox"/> Crawler Dozers	<input type="checkbox"/> Scraper Pans Type ORUV: _____
<input type="checkbox"/> Trucks: under 8500 GVW	<input type="checkbox"/> Backhoe/Loaders	<input type="checkbox"/> Draglines Type ORUV: _____
<input type="checkbox"/> Trucks: 8500-26000 GVW	<input type="checkbox"/> Motor Graders	<input type="checkbox"/> Cranes Type ORUV: _____
<input type="checkbox"/> Trucks: > 26001 GVW (CDL)	<input type="checkbox"/> Skid Steers	Crane Ton Rating: _____ <input type="checkbox"/> Riding Lawn Mower less than 35 HP
<input type="checkbox"/> Truck/Trailer: >26001 GVW (CDL)	<input type="checkbox"/> Excavators	Other: _____ Type: _____
<input type="checkbox"/> Buses/Trams/Shuttles (CDL)	<input type="checkbox"/> 4 Wheel Drive Loaders	Other: _____ Type: _____
<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Specialty Tracked Equipment (STE)	Other: _____ Type: _____
<input type="checkbox"/> Other: _____	List STE: _____	Type: _____

Additional Comments: _____

Supervisor's Authorization: I conclude that this employee/volunteer/partner is fully trained and otherwise qualified to operate the motor vehicles or motor equipment checked above in a safe and effective manner. I hereby authorize such operations subject to the following conditions:

Conditions: _____

Supervisor Name (print): _____

Supervisor Signature: _____ Date: _____

* Employee/Volunteer/Partner Signature: _____ Date: _____

* By my signature, I confirm there are no active or pending suspensions or revocations against my personal State driver's license.