APPLICATION FOR AUTHORIZATION TO OPERATE FEDERAL VEHICLE

A COPY OF YOUR CURRENT DRIVER'S LICENSE MUST BE ATTACHED TO THIS FORM (both front and back of license)

INSTRUCTIONS: This form is to be completed and approved before <u>any applicant</u> (new hires, students, RSA employees, or foreign students) may be given authorization to operate a Federal Government vehicle. If additional room for any block is needed, please use the bottom of this form.

NOTE: There must be a financial "link" to federal funds for driving privileges.

1. Last, First, MI	2. Wex Pin needed? Yes No Not intended for short-term hires. If yes, include email:
 Financial Link, if not federal employee: RSA/NACA/CA # Expiration date 	4. Current License Issued by what State or Country? Expiration Date:
 6. No. years driving experience: 7. Has your license been susp O Years If "Yes", explain: 	ended or revoked for any reason during the past 5 years? s O No

8. List all accidents within the past 5 years:

Any damage costs incurred on behalf of the Federal Government will be charged to the responsible unit's CRIS.

I certify that all of the information given by me on this application is true, complete, and in good faith.	Signature of Applicant:	Date:
I have reviewed the employee's driving ability, and to my knowledge, the employee is capable of safely operating a motor vehicle. I approve this application.	Signature of Applicant's Research Leader:	Date:
I have reviewed the employee's driving ability, and to my knowledge, the employee is capable of safely operating a motor vehicle. I concur with the RL's approval.	Signature of Administrative Officer:	Date:

Based on this information, the Applicant is:



Approved and Applicant herewith authorized to operate a Federal Government vehicle.

O DENIED (comment)

RETURN THIS COMPLETED FORM TO ADMIN OFFICE

ADDITIONAL INFORMATION/REMARKS: