

**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/MMM/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	21. CLASS OF LICENSE: (CHECK ALL THAT APPLY)
NEW <input type="checkbox"/> RENEW <input type="checkbox"/> UPGRADE <input type="checkbox"/> DUPLICATE <input type="checkbox"/>	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 WAGON S ☐ 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	SIGNATURE	DATE (DD/MMM/YYYY)
I CERTIFY THAT ALL THE INFORMATION IN BLOCKS 19, 20, 23, 24, 26, 27 AND 28 HAVE BEEN ENTERED IN MCTFS. UNIT DIARY # _____		