

**U.S. DEPARTMENT OF AGRICULTURE  
MARKETING AND REGULATORY PROGRAMS**

**MOTOR VEHICLE AUTHORIZATION**

INSTRUCTIONS: (1) List the name(s) of operator(s) requesting authorization to use motor vehicles assigned to your work location. (2) If an operator holds more than one type of license, complete a separate item number for each license held. (3) DO NOT use codes for any of the items, clearly specify type(s). (4) If additional space is required for any item below or additional comments need to be made, use the reverse of this Form.

**PART I - TO BE COMPLETED BY SUPERVISOR**

<b>1. NAME OF OPERATOR</b>		<b>2. NAME OF OPERATOR</b>	
OPERATOR PHYSICALLY FIT TO OPERATE VEHICLE <input type="checkbox"/> Yes <input type="checkbox"/> No		OPERATOR PHYSICALLY FIT TO OPERATE VEHICLE <input type="checkbox"/> Yes <input type="checkbox"/> No	
LICENSE NO.		LICENSE NO.	
STATE ISSUING LICENSE		STATE ISSUING LICENSE	
EXPIRATION DATE		EXPIRATION DATE	
LICENSE CLASS (Specify)		LICENSE CLASS (Specify)	
RESTRICTIONS (Specify)		RESTRICTIONS (Specify)	
VEHICLE ACCIDENTS (Last 5 years)	DATE(S)	VEHICLE ACCIDENTS (Last 5 years)	DATE(S)
SUSPENSION(S) OR REVOCATION(S) (Last 5 years)	DATE(S)	SUSPENSION(S) OR REVOCATION(S) (Last 5 years)	DATE(S)
AUTO RELATED ARRESTS, SUMMONS, CONVICTIONS (Except parking)		AUTO RELATED ARRESTS, SUMMONS, CONVICTIONS (Except parking)	
<b>3. NAME OF OPERATOR</b>		<b>4. NAME OF OPERATOR</b>	
OPERATOR PHYSICALLY FIT TO OPERATE VEHICLE <input type="checkbox"/> Yes <input type="checkbox"/> No		OPERATOR PHYSICALLY FIT TO OPERATE VEHICLE <input type="checkbox"/> Yes <input type="checkbox"/> No	
LICENSE NO.		LICENSE NO.	
STATE ISSUING LICENSE		STATE ISSUING LICENSE	
EXPIRATION DATE		EXPIRATION DATE	
LICENSE CLASS (Specify)		LICENSE CLASS (Specify)	
RESTRICTIONS (Specify)		RESTRICTIONS (Specify)	
VEHICLE ACCIDENTS (Last 5 years)	DATE(S)	VEHICLE ACCIDENTS (Last 5 years)	DATE(S)
SUSPENSION(S) OR REVOCATION(S) (Last 5 years)	DATE(S)	SUSPENSION(S) OR REVOCATION(S) (Last 5 years)	DATE(S)
AUTO RELATED ARRESTS, SUMMONS, CONVICTIONS (Except parking)		AUTO RELATED ARRESTS, SUMMONS, CONVICTIONS (Except parking)	
<b>5. NAME OF OPERATOR</b>		<b>6. NAME OF OPERATOR</b>	
OPERATOR PHYSICALLY FIT TO OPERATE VEHICLE <input type="checkbox"/> Yes <input type="checkbox"/> No		OPERATOR PHYSICALLY FIT TO OPERATE VEHICLE <input type="checkbox"/> Yes <input type="checkbox"/> No	
LICENSE NO.		LICENSE NO.	
STATE ISSUING LICENSE		STATE ISSUING LICENSE	
EXPIRATION DATE		EXPIRATION DATE	
LICENSE CLASS (Specify)		LICENSE CLASS (Specify)	
RESTRICTIONS (Specify)		RESTRICTIONS (Specify)	
VEHICLE ACCIDENTS (Last 5 years)	DATE(S)	VEHICLE ACCIDENTS (Last 5 years)	DATE(S)
SUSPENSION(S) OR REVOCATION(S) (Last 5 years)	DATE(S)	SUSPENSION(S) OR REVOCATION(S) (Last 5 years)	DATE(S)
AUTO RELATED ARRESTS, SUMMONS, CONVICTIONS (Except parking)		AUTO RELATED ARRESTS, SUMMONS, CONVICTIONS (Except parking)	
I certify that I have provided the operator(s) orientation in safe driving and observed his/her driving skills. I have also informed him/her that adverse action may be taken if this authorization is obtained through false information.		SIGNATURE (Supervisor)	DATE

**PART II - TO BE COMPLETED BY VEHICLE ACCOUNTABLE OFFICER**

I have verified and informed the supervisor that the operator(s) listed above is authorized to operate the type of vehicle designated on his/her State license(s).	SIGNATURE (VAO)	DATE
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