

PART 420 – Safety and Health Management Program

Subpart O – Safety Requirements for Incidental Motor Vehicle Operators

OK420.155

United States Department of Agriculture



Natural Resources Conservation Service, 100 USDA; Suite 206, Stillwater, OK 74074-2655 Human Resources 405.742.1211

Subject: PER – Safety and Health Request for Authorization to Operate Government Vehicle

Date: (Current Date)

To: (Name of Supervisor)

File Code: 360-17

I, \_\_\_\_\_, request authorization to drive a government owned or leased vehicle carrying out my job responsibilities, and I am providing below the following information:

1. Number of current valid state driver's license:  
State Issued: \_\_\_\_\_
2. List of arrests or summonses for violation of motor vehicle laws (excluding non-moving violations) and convictions (if none, so state): \_\_\_\_\_
3. Any suspensions or revocations of state license or agency driver authorization within past 5 years (if none, so state): \_\_\_\_\_
4. Any motor vehicle accidents within past 5 years (if none, so state): \_\_\_\_\_

I agree to notify my supervisor should any of the events listed in Sec.420.159 of Subpart O to Section 420 of the General Manual (Personnel) occur.

\_\_\_\_\_  
(Signature of Employee)

SUPERVISORY CERTIFICATION:

I certify that the employee identified above is in possession of a valid state driver's license and is physically and mentally capable of operating a government owned or leased vehicle without hazard to himself/herself or others.

\_\_\_\_\_  
(Signature of Supervisor)

Height: \_\_\_\_\_  
Color of eyes: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Weight: \_\_\_\_\_  
Color of hair: \_\_\_\_\_

Type of Employment:  
(Circle One) Permanent  
Volunteer District  
WAE Other

(360-GM, Amend. OK31, October 5, 2006)