

REQUEST FOR DRIVER TRAINING AND ADDITION TO U.S. GOVERNMENT DRIVER'S LICENSE**Authority:** DoDM 4500.36, Management, Acquisitions, and Use of DoD Non-Tactical Vehicles and AFI 24-301, *Ground Transportation*.**Principle Purpose:** To identify personnel applying for government driver's license or addition to an existing license.**Routine Use(s):** To certify vehicle operator training, familiarization for "Maintenance Use Only" operation, contingency vehicle operation, and document changes to an AF Form 2293.**Disclosure is Voluntary:** *Disclosure of your personal information is voluntary; however, failure to disclose it may delay processing of your application.***System of Records Notice:** F024 AF IL C Motor Vehicle Operator's Records.**SECTION I - OPERATOR / TRAINEE INFORMATION***(After completing this section and accompanied by an approved Vehicle Trainer, this form serves as a learner's permit for vehicles identified in Block 13 of Section II)*

1. NAME (Last, First, MI)	2. GRADE	3. DATE OF BIRTH DDMMYYYY	4. HEIGHT	5. UNIT	6. DAFSC	7. DUTY PHONE (DSN)
8. STATE DRIVER'S LICENSE #	8a. STATE OF ISSUE	8b. STATE LICENSE RESTRICTION(S)			8c. STATE EXPIRATION DATE DDMMYYYY	
9. CDL CLASS	9a. CDL ENDORSEMENT(S)		9b. CDL RESTRICTION(S)		9c. CDL EXPIRATION DATE DDMMYYYY	
10. CAC EXPIRATION DATE DDMMYYYY	11. OF 345 REVIEW DATE N/A		12. POWERED INDUSTRIAL TRUCK CERTIFICATION DATE DDMMYYYY			

SECTION II - VEHICLE TRAINING OR VERIFICATION OF VEHICLE / EQUIPMENT QUALIFICATIONS13. VEHICLE(S) / EQUIPMENT *(management code and nomenclature to be added)*

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SECTION III - TRAINING CERTIFICATION

14. ☐ I CERTIFY THAT THE ABOVE TRAINEE HAS BEEN FULLY TRAINED ON THE VEHICLE(S) / EQUIPMENT LISTED IN SECTION II, BLOCK 13 USING AN APPROVED VEHICLE QUALIFICATION TRAINING PACKAGE (LESSON PLAN).
- ☐ I CERTIFY THAT THE ABOVE TRAINEE HAS BEEN PROVIDED VEHICLE SAFETY AND EQUIPMENT FAMILIARIZATION TRAINING ON THE VEHICLE(S) / EQUIPMENT LISTED IN SECTION II, BLOCK 13 FOR "MAINTENANCE PURPOSES ONLY" OPERATION.

15. NAME OF VEHICLE TRAINER (Last, First, MI)	16. GRADE	17. SIGNATURE

SECTION IV - RECEIPT / VERIFICATION OF TRAINING STATEMENT

18. ☐ I CERTIFY THAT I HAVE RECEIVED TRAINING AS INDICATED IN SECTION III AND NOW CONSIDER MYSELF TO BE QUALIFIED TO OPERATE THE VEHICLE(S) / EQUIPMENT LISTED IN SECTION II, BLOCK 13.

19. NAME OF TRAINEE (Last, First, MI)	20. GRADE	21. SIGNATURE

22. ☐ I CERTIFY THAT I HAVE REVIEWED THE TRAINEE'S QUALIFICATIONS. I CONCUR THAT THE VEHICLE(S) / EQUIPMENT IDENTIFIED IN BLOCK 13 SHOULD BE TRANSFERRED TO HIS / HER AF FORM 2293, *USAF MOTOR VEHICLE OPERATOR IDENTIFICATION CARD*.
- ☐ I CERTIFY THAT THE ABOVE TRAINEE HAS BEEN TRAINED BY A QUALIFIED TRAINER FOR VEHICLE(S) / EQUIPMENT LISTED IN BLOCK 13 FOR THE PURPOSE LISTED IN SECTION III, BLOCK 14.

23. NAME OF VCO / COMMANDER (Last, First, MI)	24. GRADE	25. SIGNATURE

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SECTION V - COMMERCIAL MOTOR VEHICLE EQUIVALENT (CMVE) CERTIFICATION (For TVO Use Only)

26. CMVE WRITTEN / ELECTRONIC TEST DATE(S) DDMMYYYY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		27. CMVE WRITTEN/ELECTRONIC TEST SCORE(S) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
28. CMVE PERFORMANCE TEST TYPE <input type="checkbox"/> AAMVA MODEL - 2005 CDL TESTING SYSTEM <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> OTHER		29. CMVE PERFORMANCE TEST DATE DDMMYYYY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
30. CMVE PERFORMANCE SCORE <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	31. CLASS <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	31a. RESTRICTION(S) <input type="checkbox"/> None <input type="checkbox"/> (E) No Manual Transmission <input type="checkbox"/> (L) No Air Brake Equipped CMV <input type="checkbox"/> (M) No Class A Passenger Vehicle <input type="checkbox"/> (N) No Class A/B Passenger Vehicle <input type="checkbox"/> (O) No Tractor Trailer CMV <input type="checkbox"/> (P) No Passenger in CMV Bus <input type="checkbox"/> (V) Medical Variance <input type="checkbox"/> (X) No Cargo in CMV Tank Vehicle <input type="checkbox"/> (Z) No Full Air Brake Equipped CMV	31b. ENDORSEMENT(S) <input type="checkbox"/> None <input type="checkbox"/> (T) Double & Triple Trailers <input type="checkbox"/> (N) Tank Vehicle <input type="checkbox"/> (P) Passenger <input type="checkbox"/> (H) HAZMAT <input type="checkbox"/> (X) Combo HAZMAT & Tank

I CERTIFY THAT THE ABOVE TRAINEE HAS DEMONSTRATED THE KNOWLEDGE AND SKILLS REQUIRED IAW STANDARDS IDENTIFIED IN AFI 24-301, GROUND TRANSPORTATION FOR CERTIFICATION ON THE VEHICLE(S) / EQUIPMENT LISTED IN SECTION II, BLOCK 13.

32. NAME OF INSTALLATION TVO EXAMINER (Last, First, MI) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	33. GRADE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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34. SIGNATURE OF INSTALLATION TVO EXAMINER

COMMENTS / REMARKS: (DO NOT INCLUDE ANY NUMERICAL SCORES OR SPECIFIC SCORING CRITERIA IN THIS SECTION)