

SKOOKUM Contract Services
Motor Transport Division
Marine Corps Base
Camp Lejeune, North Carolina 28542

1000
MTD
22 Nov 21

From: Licensing Section, SKOOKUM Contract Services, Motor Transport Division, Marine Corps Base, Camp Lejeune, North Carolina

To: Commercial Bus Applicant

Subj: **BUS CLASS SCHEDULE FOR 2022**

1. Dates	January	4 th , 11 th , 18 th , 25 th
	February	1 st , 8 th , 15 th , 22 nd
	March	1 st , 8 th , 15 th , 22 nd , 29 th
	April	5 th , 12 th , 19 th , 26 th
	May	3 rd , 10 th , 17 th , 24 th , 31 st
	June	7 th , 14 th , 21 st , 28 th
	July	5 th , 12 th , 19 th , 26 th
	August	2 nd , 9 th , 16 th , 23, 30 th
	September	6 th , 13 th , 20 th , 27 th
	October	4 th , 11 th , 18 th , 25 th
	November	1 st , 8 th , 15 th , 22 nd , 29 th
	December	6 th , 13 th , 20 th , 27 th

All classes will start @ 0900, and 1400 at Bldg 1407 Base Motors Motor Transport Division Motor Pool.

2. Class are on a walk-in bases and consist of a basic knowledge, air brakes and bus multiple choice exam.
3. **You must have all the below items listed the day of class:**
 - a. **You must be 21 years of age to take the test to obtain a bus license.**
 - b. **All applicants will need to submit a NAVMC 10964, OF 345.**
 - c. **A copy of state driver license. (Front and Back)**
 - d. **A copy of Medical examiners card. (OPNAVINST 8023.3 / MCO 8023.3)**
 - e. **A copy of Drivers Awareness Training. (Marines that are under 26 years old)**
 - f. **Unexpired government ID card (CAC, DBIDS, or Active Duty ID)**
4. The point of contact is Mr. Wade A. LeMaire / Mr. Ben Stadelmayer at 451- 9476 / 9478.

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From: Licensing Section, SKOOKUM Contract Services, Motor Transport Division, Marine Corps Base, Camp Lejeune, North Carolina

To: Commercial Forklift Applicant

Subj: **FORKLIFT CLASS SCHEDULE FOR 2022**

1. Dates	January	6th or 7 th
	January	20th or 21st
	February	3rd or 4th
	February	24 th or 25 th
	March	10th or 11th
	March	24 th or 25 th
	April	7th or 8th
	April	21st or 22nd
	May	5th or 6th
	May	19th or 20th
	June	2nd or 3rd
	June	16th or 17th
	July	7 th or 8 th
	July	21st or 22nd
	August	4 th or 5 th
	August	18th or 19th
	September	8th or 9 th
	September	22nd or 23rd
	October	13th or 14th
	October	27th or 28 th
	November	3rd or 4th
	November	17 th or 18th
	December	1st or 2nd
	December	15th or 16th

All classes will start @ 0900 at Bldg 1407 Motor Transport Division Motor Pool.

2. To get a class seat e-mail Wade LeMaire (wade.lemaire.ctr@usmc.mil) two week before the class. Class size is limited to 12 individuals.
3. **You must have all the below items listed the day of class:**
 - a. **All applicants will need to submit a NAVMC 10964, OF 345.**
 - b. **A copy of state driver license. (Front and Back)**
 - c. **A copy of Medical examiners card. (OPNAVINST 8023.3 / MCO 8023.3)**
 - d. **A copy of Drivers Awareness Training. (Marines that are under 26 years old)**
4. The point of contact is Mr. Wade A. LeMaire / Mr. Ben Stadelmayer at 451- 9476 / 9478.

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From: Licensing Section, SKOOKUM Contract Services, Motor Transport Division, Marine Corps Base, Camp Lejeune, North Carolina

To: 4X4 Applicant

Subj: **4X4 CLASS SCHEDULE FOR 2022**

1. Dates	January	5 th , 12 th , 19 th , 26 th
	February	2 st , 9 th , 16 th , 23 rd
	March	2 st , 9 th , 17 th , 23 rd , 30 th
	April	6 th , 13 th , 19 th , 27 th
	May	4 rd , 11 th , 18 th , 25 th
	June	8 th , 15 th , 22 st , 29 th
	July	6 th , 13 th , 20 th , 25 th
	August	3 rd , 10 th , 17 th , 24 th , 31 st
	September	7 th , 14 th , 21 st , 28 th
	October	5 th , 12 th , 19 th , 26 th
	November	2 nd , 9 th , 16 th , 23 rd , 30 th
	December	7 th , 14 th , 21 st , 28 th

All classes will start @ 0900, and 1400 at Bldg 1407 Base Motors Motor Transport Division Motor Pool.

2. Class are on a walk-in bases and consist of a video and a multiple choice exam.
3. **You must have all the below items listed the day of class:**
 - a. **All applicants will need to submit a NAVMC 10964, OF 345.**
 - b. **A copy of state driver license. (Front and Back)**
 - c. **A copy of Drivers Awareness Training. (Marines that are under 26 years old)**
 - d. **Unexpired government ID card (CAC, DBIDS, or Active Duty ID)**
4. The point of contact is Mr. Wade A. LeMaire / Mr. Ben Stadelmayer at 451- 9476 / 9478.

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
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17. COMMANDING OFFICER'S / SUPERVISOR'S SIGNATURE

I RECOMMEND THAT THIS INDIVIDUAL BE EXAMINED FOR QUALIFICATION TO HOLD THE OF-346.
*THIS APPLICANT HAS BEEN SCREENED IN ACCORDANCE WITH MCO 11240.106

(PRINT NAME) (RANK) (POSITION)

(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 NEW <input type="checkbox"/> RENEW <input type="checkbox"/> UPGRADE <input type="checkbox"/> DUPLICATE <input type="checkbox"/>	21. CLASS OF LICENSE: (CHECK ALL THAT APPLY) COMMERCIAL <input type="checkbox"/> TACTICAL <input type="checkbox"/> BUS <input type="checkbox"/> TRACTOR <input type="checkbox"/>
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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)
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29. SIGNATURE OF LICENSING OFFICER / ISSUING OFFICIAL	DATE (DD/MMM/YYYY)
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PART IV RECORDING ACTION

30. RECORDING OFFICIAL'S SIGNATURE I CERTIFY THAT ALL THE INFORMATION IN BLOCKS 19, 20, 23, 24, 26, 27 AND 28 HAVE BEEN ENTERED IN MCTFS. UNIT DIARY # _____	SIGNATURE	DATE (DD/MMM/YYYY)
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DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with _____

• The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and/or NAVFAC P-307 and with knowledge of the driving duties of:

OR

• the requirements of NAVMED P-117, NAVSEA SW023-AH-WHM-010, NAVSUP P-538, or NAVFAC P-300 or other applicable documents and with knowledge of the duties of:

- A) CIVILIAN Commercial (706) or Explosives-carrying (720) Motor Vehicle Operator, highway use, **MUST USE** MCSA-5876 Medical Examiner's Certificate.
- B) MILITARY Commercial (706) or Explosives - carrying (720) or Marine Corps Tactical Motor Vehicle Operator (706 or 720), highway use, or
- C) MILITARY/CIVILIAN Weight Handling Equipment (non-highway, including cranes) Operator (704), or
- D) MILITARY/CIVILIAN Explosives Handler or Operator of Explosives Material Handling Equipment (MHE), including forklifts, non-highway use (721), or
- E) MILITARY/CIVILIAN Non-explosive MHE Operator (710), non-highway use, or
- F) MILITARY/CIVILIAN Civil Engineering Support Equipment Operator (712), or
- G) MILITARY/CIVILIAN Government highway use vehicle not requiring CDL Operator (712).

Note highest level (B to G) driver or operator is qualified to operate. Level A drivers **WILL NOT** be documented on this form.

Enter only 1.

Cross-outs not allowed.

I find this person qualified; and if applicable, only when:

- Wearing corrective lenses
- Wearing hearing aid(s)

RESTRICTIONS:

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachments embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER:

MEDICAL EXAMINER TELEPHONE NUMBER:

MEDICAL EXAMINER SIGNATURE DATE:

MEDICAL EXAMINER'S NAME (Print or stamp):

- MD
- Advanced Practice Nurse
- DO
- Independent Duty Corpsman (Only D-G, Active Duty only)
- Physician Assistant

DRIVER OR HANDLER MEDICAL CERTIFICATION EXPIRATION DATE (List by category if dates differ):

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Required for levels B & C):

ISSUING STATE/U.S. TERRITORY OF MEDICAL EXAMINER'S CERTIFICATE (Required for levels B & C):

DRIVER OR HANDLER'S NAME (Print):

DRIVER OR HANDLER'S DoD ID:

DRIVER OR HANDLER'S SIGNATURE:

DRIVER OR HANDLER'S SIGNATURE DATE:

CREDENTIALS COPY PAGE

STATE DRIVER'S
LICENSE
(FRONT)

STATE DRIVER'S
LICENSE
(BACK)

MEDICAL
CERTIFICATE

MILITARY
IDENTIFICATION
CARD
(FRONT)

MILITARY
IDENTIFICATION
CARD
(BACK)

DRIVER
IMPROVEMENT
CARD

*IF YOU DO NOT HAVE ONE YOU MUST
COMPLETE THE "DRIVE FOR LIFE" ON
MARINET (COURSE NUMBER
DIS101E000)

COPY OF ALL OF-

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