

What is needed for a licensing package here at Base Motors!

- NAVMC 10964
- (Have officer or above sign block 17. If no officer present to sign please have SNCO sign it with attached Appointment letter signed by the Commanding Officer approving that SNCO to sign block 17.)
-
- OPNAVINST 8023.3/ MCO 8023.3
-
- Drivers Awareness training (military member under the age of 26)
-
- Copy of Military ID (front only)
-
- Copy of Current unexpired Driver's license (state specific due to military ruling) (front and back).
-

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.*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 ☐ RENEW ☐ UPGRADE ☐ DUPLICATE ☐

21. CLASS OF LICENSE: (CHECK ALL THAT APPLY)

COMMERCIAL ☐ TACTICAL ☐ BUS ☐ TRACTOR ☐

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

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)

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

1000
MTD
17 May 23

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

To: 4X4 Applicant

Subj: **4X4 CLASS SCHEDULE FOR 2023**

| | | |
|----------|-----------|--|
| 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 |
| | 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 th , 30 th |
| | September | 6 th , 13 th , 20 st , 27 th |
| | October | 4 th , 11 th , 18 th , 25 th |
| | November | 1 nd , 8 th , 15 th , 22 nd , 29 th |
| | December | 6 th , 14 th , 20 st , 27 th |

All classes will start @ 0900, and 1300 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. Carlos Fraticelli at 451- 9478 or
MCIEast_Vehicle_Licensing@usmc.mil

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

1000
MTD
17 May 23

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 2023**

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

All classes will start @ 0900, and 1300 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 Front government ID card (CAC, DBIDS, or Active Duty ID)**
4. The point of contact is Mr. Carlos A. Fraticelli at 451- 9478 or
MCIEast_Vehicle_Licensing@usmc.mil

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

1000
MTD
17 May 23

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 2023**

| | | |
|----------|-----------|------------------------------------|
| 1. Dates | January | 5th or 6 th |
| | January | 19th or 20st |
| | February | 2nd or 3rd |
| | February | 23rd or 24th |
| | March | 9th or 10th |
| | March | 23rd or 24 th |
| | April | 5th or 6 th (Wed-Thur) |
| | April | 20th or 21st |
| | May | 4th or 5th |
| | May | 18th or 18th |
| | June | 1st or 2nd |
| | June | 22nd or 23rd |
| | July | 6 th or 7 th |
| | July | 20th or 21st |
| | August | 3rd or 4 th |
| | August | 17th or 18th |
| | September | 7th or 8 th |
| | September | 21st or 22nd |
| | October | 12th or 13th |
| | October | 26th or 27 th |
| | November | 2nd or 3rd |
| | November | 16 th or 17th |
| | Nov / Dec | 30th or 1st |
| | December | 14th or 15th |

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

2. To get a class seat e-mail (MCIEast_Vehicle_Licensing@usmc.mil) two weeks 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 (REV. 7/15) (EF), OF 345 (Rev 8/2020).**
 - b. **A copy of valid state driver license. (Front and Back)**
 - c. **A copy of Medical examiners certificate. (OPNAVINST 8023.24 / MCO 8023.3)**
 - d. **A copy of Drivers Awareness Training. (Marines that are under 26 years old)**
4. The point of contact is Mr. Carlos Fraticelli at 451-9478



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:

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

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:

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).

E

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

☐ DO

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ Independent Duty Corpsman

(Only D-G, Active Duty only)

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:

| DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE | |
|--|---|
| I certify that I have examined _____ in accordance with the requirements of NAVMED P-117, NAVSEA SW223-AH-WHM-010, NAVSUP P-836, or NAVFAC P-300 or other applicable documents and with knowledge of the dates of: | |
| E: MILITARY/CIVILIAN Non-explosive MHE Operator (710), non-highway use. <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-left: 10px;">E</div> | |
| HANDLER RESTRICTIONS: | |
| I find this person qualified; and if applicable, only when: <input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Wearing hearing aid(s) | |
| 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. | |
| MEDICAL EXAMINER'S NAME (Print): | <input type="checkbox"/> MD <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> DO <input type="checkbox"/> Independent Duty Corpsman (Only D-S, Active duty only) <input type="checkbox"/> Physician Assistant |
| SIGNATURE OF MEDICAL EXAMINER: | MEDICAL EXAMINER SIGNATURE DATE: |
| DRIVER OR HANDLER, MEDICAL CERT. EXPIRATION DATE (List by cal. if necessary): | MEDICAL EXAMINER TELEPHONE NUMBER: |
| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Req. for levels B & C): | ISSUING STATE/DISTRICT/TERRITORY OF MEDICAL EXAM. CERT (Req. for levels B & C): |
| DRIVER/HANDLER NAME (Print): | DRIVER/HANDLER CoD ID: |
| DRIVER/HANDLER SIGNATURE: | DRIVER/HANDLER SIGNATURE DATE: |
| Duplicate information downsized to a wallet sized card | |

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:

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

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:

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.

G

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

☐ DO

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ Independent Duty Corpsman

(Only D-G, Active Duty only)

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:

| DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE | |
|--|---|
| I certify that I have examined _____, in accordance with the requirements of NAVMED P-117, NAVSEA SW323-AH-WH1A-010, NAVSUP P-538, or NAVFAC P-320 or other applicable documents and with knowledge of the duties of: G) MILITARY/CIVILIAN Government highway use vehicle not requiring CDL Operator (212): | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">G</div> | |
| HANDLER RESTRICTION(S): | |
| I find this person qualified, and if applicable, only when: <input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Wearing hearing aid(s) | |
| 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. | |
| MEDICAL EXAMINER'S NAME (Print): | <input type="checkbox"/> MD <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> DO <input type="checkbox"/> Independent Duty Corpsman (Only D-G, Active duty only) <input type="checkbox"/> Physician Assistant |
| SIGNATURE OF MEDICAL EXAMINER: | MEDICAL EXAMINER SIGNATURE DATE: |
| DRIVER OR HANDLER MEDICAL CERT. EXPIRATION DATE (List by cal. if necessary): | MEDICAL EXAMINER TELEPHONE NUMBER: |
| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Req. for levels B & C): | ISSUING STATE/US TERRITORY OF MEDICAL EXAM. CERT (Req. for levels B & C): |
| DRIVER/HANDLER NAME (Print): | DRIVER/HANDLER DOD ID: |
| DRIVER/HANDLER SIGNATURE: | DRIVER/HANDLER SIGNATURE DATE: |
| Duplicate information downsized to a wallet sized card | |