

# **\*\*IMPORTANT, PLEASE FOLLOW THESE INSTRUCTIONS\*\***

1. Visit <https://www.lejeune.marines.mil/offices-staff/motor-transport/>
2. Open 'Application for Government License'
3. Complete blocks 1-17 on the NAVMC 10964. (**DIGITAL SIGNATURE BLOCK 17**)
4. Scan the **REQUIRED ITEMS** into (1) .pdf document.
5. Attach required items document into email
6. Attach the **DIGITALLY** signed NAVMC 10964 into the same email
7. Subject of your email should be what you are requesting; forklift, bus, 4x4, HAZMAT, **AND** applicant **LAST NAME**
8. Send to [mcieast\\_vehicle\\_licensing@usmc.mil](mailto:mcieast_vehicle_licensing@usmc.mil)
9. When your package is **APPROVED**, you will receive an **EMAIL** from the licensing examiner with follow-on instructions. For questions call 451-9478/9476.

## *Required items*

### **Forklift:**

Driver's license front and back

Medical certificate

MarineNet driver awareness training certificate (if under age 26)

Current OF-346 (renewal only)

### **Bus:**

Driver's license front and back

Medical certificate

MarineNet driver awareness training certificate (if under age 26)

OF-346 Air brake endorsement (if you have one)

### **4x4:**

Driver's license front and back

MarineNet driver awareness training certificate (if under age 26)

### **HAZMAT:**

Driver's license front and back

MarineNet driver awareness training certificate (if under age 26)

Medical Certificate

Explosives driver course certificate

**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

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

NEW ☐ RENEW ☐ UPGRADE ☐ DUPLICATE ☐COMMERCIAL ☐ TACTICAL ☐ BUS ☐ TRACTOR ☐

22. CLASSES OF VEHICLES: (CHECK ALL THAT APPLY)

SEDANS/STATION WAGONS ☐ 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

SIGNATURE

DATE (DD/MMM/YYYY)

I CERTIFY THAT ALL THE INFORMATION IN BLOCKS 19, 20, 23, 24, 26, 27

AND 28 HAVE BEEN ENTERED IN MCTFS. UNIT DIARY # \_\_\_\_\_