

****IMPORTANT, PLEASE FOLLOW THESE INSTRUCTIONS****

1. Complete blocks 1-17 of the NAVMC 10964.
2. Scan the **required items** into (1) document.
3. Attach the signed **NAVMC 10964 and required items** document into an email and send to mceast_vehicle_licensing@usmc.mil
4. Subject of your email should be what you are requesting; forklift, bus, or 4x4 testing
5. When your package is reviewed, you will receive an email from the licensing examiner with follow-on instructions.

Required items

Forklift:

Driver's license front and back

Medical certificate

MarineNet driver improvement course certificate (if under age 26)

Current OF-346 (renewal only)

Bus:

Driver's license front and back

Medical certificate

MarineNet driver improvement course certificate (if under age 26)

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

4x4:

Driver's license front and back

MarineNet driver improvement course certificate (if under age 26)

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/MM/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 # _____