

APPLICATION FOR VEHICLE OPERATOR'S ID CARD

Name:			Card No.:		
Last	First	Middle	Date Issued:		
			Date Expires:		
Sex:	Birth Date:	Color of Hair:	Color of Eyes:	Height:	Weight:

Birthplace:		Social Security Number
State License Number	Issuing State	Expiration Date

Applicant's Signature & Date

TO BE COMPLETED BY SAFETY OFFICER

Employee is qualified to operate the vehicle(s) checked in last column:

Type	Capacity	CSC 544 Score	Physically Qualified	
			Yes	No
Passenger-Pickup	1/2 Ton	No Test Required		
Truck	2-1/2 Ton			
Truck-Does not include Semi or Tandem				
Truck, Semi-Trailer				
Fire Truck				
Bus				
Other:				

Safety Officer's Signature

Date