

## AUTHORIZATION TO OPERATE A MOTOR VEHICLE

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

Facility		Date	
Name of Inmate		Register Number	
Driver's License Number	State	Exp. Date	
License Address			
Vehicle	Year	Make	Model
Color	License Plate Number		
Registration Number		Exp. Date	
Registered Owner: Name		Telephone Number	
Address			
Insurance Co. Name			
Policy Expiration Date			
Facility Staff Review:			
<input type="checkbox"/> Copies of required documents on file (ie. Insurance and owner approval)			
<input type="checkbox"/> Car checked for absence of beeper/cellular phone			
<input type="checkbox"/> Resident understands rules and the right of CCC staff and BOP personnel to search the vehicle at any time.			
<input type="checkbox"/> Public transportation not practical.			
Signature of Resident		Signature of Case Manager	
CCC Director approval			
Approved	<input type="checkbox"/>	Comments	
Disapproved	<input type="checkbox"/>		
Signature Community Corrections Manager			Date