

### REQUEST TO SERVE AS AN INCIDENTAL MOTOR VEHICLE OPERATOR

As an employee or representative of the Natural Resources Conservation Service, General Manual (GM) 360, Part 420, Subpart O, requires that I supply the following information for review in order to operate a government owned or leased vehicle:

1. Current valid driver’s license number and state issued:
2. List of arrests and convictions for violation of motor vehicle laws (excluding non-moving traffic violations) in the past five years, if any:
3. Suspensions or revocations of license or agency driver authorization in the past five years:
4. Motor vehicle accidents in the past five years:

I have fully reviewed General Manual 360, Part 420, Subpart O, and understand my responsibility to notify my immediate supervisor of any moving traffic violations, suspensions or revocations of my state driver’s license. Failure to report these incidents will result in disciplinary action. I also certify that the above information is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Employee’s Signature and Title

\_\_\_\_\_  
Duty Location and Date

**In advance of driving a federal vehicle or within the first 90 days of employment, an employee must complete GSA Fleet Drive-thru Defensive Driving Course available at: <https://drivethru.gsa.gov/fmdtsys/dthome>. To access the training, in the upper left corner click on the “Defensive Driving Course”. Enter the license number for any GSA vehicle (GXX-XXXXS) and your e-mail address to access the training. Once complete, provide a copy of the certification to your supervisor or the agenda lead and Steve Maras ([steven.maras@usda.gov](mailto:steven.maras@usda.gov)), Training Officer, to ensure the training is documented in AgLearn.**

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### APPROVAL TO OPERATE A GOVERNMENT OWNED/LEASED VEHICLE

I have reviewed this request for authorization to operate a government owned/leased vehicle; and have determined that \_\_\_\_\_ has a valid driver’s license and is physically able to operate a motor vehicle. Therefore, this request to become an incidental motor vehicle operator is approved.

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

NOTE: The supervisor will retain the original.