

Please fill out this form completely. Missing and/or inaccurate information may result in a delay of processing or denial of request. Application requires supervisor signature to be valid. All other required forms must be submitted along with this application.

FLEET LOGISTICS CENTER PEARL HARBOR

NAVSUP FLCPH FORM 10490.1-5 (Rev. 10.12)

New (Permit)

Renewal

APPLICATION FOR MHE OPERATOR LICENSE

APPLICANT INFORMATION

Name (*Last, First M*): _____ **Gender:** Male Female

Birth Date (*MM/DD/YYYY*): _____ **Medical Completed:** _____

Height: _____ **Weight:** _____ lbs **Hair:** _____ **Eyes:** _____

WORKSITE INFORMATION

Activity: _____ **Code:** _____ **Shop:** _____

Supervisor: _____ **Supervisor Phone:** _____ x _____

FUNDING INFORMATION

Funding Document #: _____ **Financial POC:** _____

\$#, i © š¥: _____ **Phone:** _____

EMERGENCY CONTACT

Contact #1: _____ **Relationship:** SUPERVISOR **Phone:** SEE WORKSITE INFO SECTION

Contact #2: _____ **Relationship:** _____ **Phone:** _____

MHE INFORMATION

Description of all MHE to be operated:

click here for class and lift codes	Class	Lift Code	Power Type	Description <small>(LPG Forklift, Electric Pallet Truck, etc.)</small>	Lift Capacity	Tire <small>(Solid or Pneumatic)</small>
Equipment #1						
Equipment #2						
Equipment #3						
Equipment #4						

*** Attach separate sheet for additional equipment**

***Operators may only be licensed for MHE operated regularly. Licenses may be upgraded with supervisor approval. Please contact MHE License Examiner.**

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AUTHORIZATION SIGNATURE

I authorize the verification of the information provided on this form to be true and correct to the best of my knowledge. I understand that any intentional falsification of information may result in ineligibility, denial or revocation of MHE Operator's License.

Date: _____ **Approved by:** _____
(Supervisor)

PRIVACY ACT STATEMENT

Authority to request this information is derived from Title 40 United States Code 471. Purpose of this form is to obtain information to determine whether and individual is qualified to operate a government vehicle and/or equipment. Information is used by agency transportation officials and may be used by government and civil law enforcement authorities for court action. Providing information for this form is mandatory. If the information is not provided, the individual would be denied the privilege of operating a government vehicle and/or equipment.

AUTHORIZATION:

FOR LICENSING OFFICE USE ONLY

90 DAY TEMPORARY PERMIT

AUTHORIZED EXTENTION

MED COMP: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

RESTRICTIONS: _____ SIGNATURE OF LICENSE EXAMINER: _____