| <b>EQUIPMENT OPERATOR'S QUALIFICATION RECORD</b> (EXCEPT AIRCRAFT)  For use of this form, see AR 600-55; the proponent agency is DCS, G3/5/7.   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|---|------------------|----------------------------|---------|--|---------------|----------------|--|--------------|----------------------------------|------------------|---------------------------------------|--|--|--|--|--|
| NAME (Last, first   | st, initial)     |                            |         |  | <u> </u>      |                | PERMIT (Initial)                                     |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               | NUMBER         |  |              | DATE                             | ATE ISSUED       |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                | TYPE   |              |                                  | LIMITA           | ATIONS (Physical or operational)      |  |  |  |  |  |
| SEX DATE OF BIRTH   |                  |                            | COLOR H | OR HAIR COLOR EYES                           |               |                | HEIGHT   | W            | EIGHT                            | POSIT            | POSITION TITLE (If civilian)          |  |  |  |  |  |
|   |                  |                            |         |  | SECTION I - C | FFIC           | CIAL QUALIFICATION                                   | NS           |                                  |                  |                                       |  |  |  |  |  |
| TYPE OF E   | SIZE             | SIZE SPECIAL QUALIFICATION |         |  |               | DATE QUALIFIED |  | QUALIFIED AT |                                  | NAME OF EXAMINER |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                | ROUND AND EXPER                                      | RIEN         |                                  |                  |                                       |  |  |  |  |  |
| TYPE OF EQUIPMENT   |                  | SIZE                       |         | TYPE OF DRIVING<br>OR OPERATION <sup>2</sup> |               |                | ADDITIONAL<br>DRIVER'S LICENSES<br>(State or agency) |              | NUMBER OF OTH<br>DRIVER'S LICENS |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
| <sup>1</sup> Special eq   | uipment, special | Loperations or condi       | itions  |  |               | 2              | City, rural, long haul, etc                          | <br>c.       |                                  |                  |                                       |  |  |  |  |  |
| SECTION III - PERFORMANCE RECORD  (List chronologically as "credits" - awards, training, retraining, testing, retesting, roadeos, permit renewal, relicensing, etc; and as "debits" - accidents, arrests, violations, warnings, revocations, suspensions, etc.) |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
| DA  | TE               | CREDITS                    |         | DEBITS DEBITS                                |               |                | TYPE OR NATURE                                       | ACTION TAKEN |                                  |                  |                                       |  |  |  |  |  |
| DATE.   |                  |                            |         |  |               |                |  |              |                                  |                  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  | +                          |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  | +            |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  | +            |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |
|   |                  |                            |         |  |               |                |  |              |                                  |                  |                                       |  |  |  |  |  |

| SECTION IV - EXAMINATION FINDINGS  |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
|--|--|-----------------------------------|-----------------|-----------------|---------------------|---|----------------------|---|---------------------|-----------------------|--------------------------------|------------------------|---------------|--------------|-------------------|--------------------|--|--|--|
| BATTERY I - (Administered  | BATTERY II - (To be administered to see DA Pamphlet 611- |                                   |                 |                 |                     |   |                      | o all applicants for Driver Permit SF 46) (To transfer raw score to standard score<br>-119) |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| as a part of reception pro-<br>cessing, at reception stations)                     | DA FORM 6122   |                                   |                 |                 |                     |   | RAW SCORE STANDARD S |   |                     |                       |                                |                        |               |              |                   | OORE               |  |  |  |
|  | DA FORM 6123   |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| ENTER SCORE FROM<br>ITEM 24 OF INDIVID-  | DA FORM 6  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| UAL'S DA FORM 20   |  |                                   |                 | -               |                     | TOTA                                    | ۱L                   | STANDARD  | sc                  | ORE                   |                                |                        |               |              |                   |                    |  |  |  |
|  | STANDAR  | RE FC                             | OR BATT         | ΓEF             | RY II               | / II (Divide Total Standard Score by 3) |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| STANDARD SCORE   | UL COMF  | COMPLETION                        |                 |                 |                     |   | IINATIC              | ON  | ADMINISTER          | first nam             | e - m                          | niddle in              | itial)        |              |                   |                    |  |  |  |
|  | YES  | □ NC                              | NO              |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| I PHYSICAL EVALUATIO   | ES   | ? - IF QUALIF'D<br>X - IF SUBSTAN |                 |                 |                     |   |                      |   | TURE OF<br>MINER    |                       |                                | AND RECOMMENDATIONS ON |               |              |                   |                    |  |  |  |
| 1. VISUAL ACUITY   | ALACUITY LEFT EYE RIG                                    |                                   |                 | X - II GOBOTAIN |                     | 7410.                                   | 10.                  |   |                     | WINVER                | SUBSTANDARD ITEMS              |                        |               |              |                   |                    |  |  |  |
| 2. FIELD OF VISION   | LEFT EYE   | 20/<br>RIGHT E                    | YE,             |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| 3. HEARING   | LEFT EAR   | RIGHT E                           | AR              |                 |                     |   |                      |   |                     |                       | -                              |                        |               |              |                   |                    |  |  |  |
| 4. REACTION TIME   | /20  |                                   | /20             |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| 5. DEPTH PERCEPTION  | /100 SEC   |                                   |                 | /100 SEC        |                     |   |                      |   |                     |                       | SIGNATURE OF MEDICAL AUTHORITY |                        |               |              |                   |                    |  |  |  |
| 6. COLOR PERCEPTION  |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
|  |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
|  | ING PERF   | ORMAN                             | CEI             |                 |                     |   |                      |   |                     |                       | COITE                          | cuve trairii           | iy is i       | ieeueu)      |                   |                    |  |  |  |
| A.   |  |                                   | ROAD TE         |                 |                     |   |                      |   |                     |                       | OIL PRESSURE VOLTOMETER        |                        |               |              |                   |                    |  |  |  |
| INSTRUMENTS (Location, correct read-<br>ing, action for abnormal                   |  |                                   | OIL LEVEL STICK |                 |                     | (                                       | TEMPERATUR<br>GAGE   |   |                     | TIONE                 | GAGE                           |                        |               | _            |                   | VOLTOMETER         |  |  |  |
| reading)   |  | AMMETER                           |                 |                 |                     | TACHOM                                  |                      |   |                     |                       |                                |                        |               |              | AIR PRESSURE GAGE |                    |  |  |  |
| 2. BEFORE OPERATION CHECK  |  |                                   | DAMAGE OF       |                 |                     |   | ONDITION<br>F TIRES  |   | ŀ                   | CLEAN<br>HEADLIGHTS   |                                | OIL<br>LEVEL           |               | BAT-<br>TERY |                   | SEAT<br>ADJUSTMENT |  |  |  |
|  |  | ADJU                              | DJUSTMT.        |                 |                     | ORN                                     |                      | E   | HAND<br>BRAKES      | FOOT<br>BRAKES        |                                |                        | VATER<br>EVEL |              | WIPER             |                    |  |  |  |
| EMERGENCY EQUIPMENT (Location and use)   |  | FIRE EXTINGUISHER                 |                 |                 |                     |   |                      |   | HIGHWAY WARNING KIT |                       |                                | OTHER (Describe        |               |              |                   | )                  |  |  |  |
| 4. CONTROLS - "DRY RUN"  | GEA  | GEARS                             |                 |                 |                     | BRAKE                                   |                      |   | CLUTCH              |                       |                                |                        |               |              | FRONT             | AXLE               |  |  |  |
| 5. DEPTH PERCEPTION<br>(Two feet from target)                                      | FIRS   | FIRST TRY                         |                 |                 |                     |   |                      |   | SECOND TRY          |                       | THIRD TE                       |                        |               | ₹Y           |                   |                    |  |  |  |
| 6. PRACTICE RUN (1/2 mile)   | STA  | START PULL C                      |                 |                 |                     | OUT SH                                  |                      |   | İİFT                |                       | 3 STOPS                        |                        |               |              |                   | BACKING            |  |  |  |
|  |  | LOCAL LAWS                        |                 |                 |                     |   | OPERA<br>PROCE       |   |                     | ACCIDENT<br>REPORTING |                                |                        |               |              |                   |                    |  |  |  |
|  | OTH  | IER                               | (Describe       | e)              |                     |   |                      |   | 020                 | l                     | 11.21 01.11                    |                        |               |              |                   |                    |  |  |  |
| 7. ADDITIONAL REQUIREMENTS<br>LICENSE  |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
|  |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
|  |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| B. ROAD TEST - SCORED PHASE (DA PRT 2678) 100                                      |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
| COMMENTS AND RECOMMENDATIONS OF ROAD TEST EXAMINER  NUMBER OF TALLY MARKS ON       |  |                                   |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |
|  |  |                                   |                 |                 | CHECK LIST PRT 2678 |   |                      |   | otract)             |                       |                                |                        |               |              |                   |                    |  |  |  |
|  |  |                                   |                 |                 |                     |   |                      |   |                     | ROAD TEST SCOR        |                                |                        |               |              |                   |                    |  |  |  |
|  |  |                                   |                 |                 |                     |   |                      | SIGNATURE OF ROAD TES   |                     |                       |                                |                        |               | Γ EXAMINER   |                   |                    |  |  |  |
| MV DDIVING ME MENTOOF OF HAN   | /E DETN'   |                                   | DAT             | E               |                     |   |                      |   | +                   | SIGNATURE C           | )F AF                          | PPLICANT               |               |              |                   |                    |  |  |  |
| MY DRIVING WEAKNESSES HAV<br>MADE KNOWN TO ME AND I HAV<br>SHOWN HOW TO OVERCOME O | НЕМ.   | = ,                               |                 |                 |                     |   |                      |   |                     |                       |                                |                        |               |              |                   |                    |  |  |  |

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