

GEMINI OBSERVATORY
General Services Administration (GSA)
Application for
Motor Vehicle Operator's Identification Card (SF 46)

Visitors and staff of Gemini (and NOAO) must have in their possession a valid GSA motor vehicle operator's identification card issued to them by Gemini (or NOAO) before operating any company vehicles within the United States. To obtain a new card, or to renew an expired one, please complete this form.

Name:	E-mail Address:
Organization:	
Please enter your mailing address below:	

Have you been previously been issued an ID card or a GSA license from this office?

☐ Yes ☐ No

SECTION A. PERSONAL DATA AND DRIVING RECORD

Current Driver's License Information:

State/Country:	Number:	Expiration Date:	
Restrictions listed on license:			
Birth date:	Social Security or Passport Number:	Sex: Male Female	
Color Hair:	Color Eyes:	Height:	Weight:

Driving Experience Within the Last Twelve Months:

Current Vehicles Driven: ☐ Car ☐ Van ☐ Pickup

Estimated Miles Driven: _____ Estimated Days Driven: _____

Have you had any traffic violations (except parking) within the past 3 years? ☐ Yes ☐ No

Have you had any accidents within the past 5 years? ☐ Yes ☐ No

Has your license been suspended or revoked in the past 5 years? ☐ Yes ☐ No

If your answer is “Yes” to one or more of the above questions, explain fully in this space below, indicating the date of the occurrence, as well as the nature of the occurrence, where it occurred and what action was taken:

SECTION B. PHYSICAL FITNESS INQUIRY

Have you ever had or have you now:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Poor vision in one or both eyes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Eye disease |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Poor hearing in one or both ears |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Palpitation, chest pain, or shortness of breath |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Dizziness or fainting spells |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequent or severe headaches |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Drug or narcotic habit |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Arthritis, rheumatism, swollen or painful joints |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Loss of hand, foot, or leg |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Deformity of hand, arm, foot, or leg |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Nervous or mental trouble of any kind |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Blackouts or epilepsy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sugar or albumin in urine |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | High or low blood pressure |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other serious defects or diseases |

If your answer is "Yes" to one or more of the above questions, explain fully in this space below, indicating date of original condition and current status:

Do you wear glasses (or contact lenses) while driving? ☐ Yes ☐ No

Do you wear a hearing aid? ☐ Yes ☐ No

PRIVACY ACT NOTICE

Authority: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing the Physical Fitness Inquiry. U.S. Code, Title 5, section 301.

Purposes and Uses: This form is used to ascertain the physical fitness of employees and official visitors who need to drive Government-owned motor vehicles. It is also used in the renewal of authorizations of all employees and official visitors. Based on the information provided, the applicant may be referred for a medical examination before being given a renewal.

Effects of Nondisclosure: Nondisclosure of this information will result in the individual not being authorized to drive a Federal motor vehicle. The disclosure of this information is mandatory when the individual needs to drive a Government-owned vehicle.

I certify that my answers above are full and true, and I understand that a willfully false statement or dishonest answer to any question may be grounds for denial, suspension, or revocation of the identification card.

Signature of Applicant: _____ **Date:** _____

SECTION C. REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

I certify that I have reviewed this application and that I have made the following determination:

_____ There is no information on this form or otherwise to indicate that the application should be referred for physical examination or otherwise denied an identification card.

_____ On the basis of items checked on this form or other information this applicant must be referred for physical examination before he/she is authorized to operate a Government-owned motor vehicle or his current authorization is renewed.

_____ Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official: _____ **Date:** _____

INSTRUCTIONS TO APPLICANTS

When this application has been completed, please fax this form along with a copy of your present driver's license to Lisa Uyetake at 808-935-9235. Upon your arrival in Hilo, you will be issued a GSA license. If you have any questions regarding this information, please contact Lisa at 808-974-2536.