



TMP LICENSE REQUIREMENTS

Please have the following in order to obtain a military operator's license:

- Copy of a valid State Driver's License
- Proof of completion of Wheeled Accident Avoidance Course
- Eye/Reaction Test (To be completed here in the office)
- Completed Questionnaire (Signed by both the applicant & supervisor)

Important Notes:

1. Please make sure that the state driver's license is valid and not expired. If expired, please verify with the admin staff as to which states do not have a military extension.
2. If you complete the AAC online, make sure to print out the certificate. If the certificate option is NOT available, please make sure to print out the transcripts or assessment page of the course that states that you successfully completed the course. If the AAC is not available online due to a technical issue, you may check out the CD-Rom from the Driver's Training Office.
3. If you wear glasses or contacts, you will need them to complete the eye portion of the Eye/Reaction test.
4. The Questionnaire needs to be filled out & signed by the applicant. The first line supervisor will need to sign the bottom of the questionnaire before the application can be complete.
5. Active Duty (below E-5 with exception of Corporal) will need to have the Authorized Single Operator memo signed by someone in the command (O-5 & above) if he or she will be the only occupant of the vehicle at any time.

FORT CARSON DRIVERS TESTING (TMP)

Vehicle/Equipment Operator's Authorization, Interview, and Records Review

NAME: _____ DATE _____
UNIT/DIR: _____ RANK/TITLE: _____
Social Security # _____ Date of Birth: _____
Work Phone # _____
Date attended Acc. Avoid. Course _____ Date of Eye/Reac. _____

1. Do you require Glasses/Contacts to operate a vehicle? Yes / No
2. Do you have a valid State (must be Colorado for Civilians) operator's permit? Yes / No
If CDL qualified, what is the expiration date of your physical? _____

(TMP requires a copy of your state operators permit.)

3. In the last 3 years, how many accidents have you had in which someone was injured or in which property damage exceeded \$2000.00? _____
4. In the last 3 years, how many times have you been cited for traffic violations? _____
5. Do you have vision or hearing problems? Yes / No Explain _____
6. If YES to question 5., has a medical authority (Doctor) cleared you for vehicle/equipment operation? Yes / No **(TMP requires copy of Doctor's recommendation.)**
7. Have you ever been involved in a drug or alcohol offense? Yes / No
8. Do you have any physical defects that may hinder you as a operator. **(TMP requires copy of Doctor's recommendation)?** _____
9. What types of vehicles will you be required to operate in your current job? _____

Signature of individual named above. _____

I (Printed name of first line supervisor) _____ have reviewed this form and authorize this individual to be licensed to operate government vehicles/equipment. I have trained the individual on Local/Laws and procedures (AR 600-55) that may affect the performance of his/her job related duties. I will ensure that continuation training and evaluations are conducted at a minimum annually and that records are updated accordingly (AR 600-55). In the event that this operator has his/her civilian license suspended, does not receive annual training and evaluations, or is found to be at fault in an incident/accident, I will immediately suspend his/her military driving privileges (AR 600-55). I will immediately notify the TMP Driver's Testing Section (licensing authority) of such action.

Signature of First Line Supervisor _____ PH#: _____ Date _____

Instruction to Access the Army Accident Avoidance Course On-line

- 1.) Log onto the internet.
- 2) In the address bar, type the link <https://safetylms.army.mil>
- 3) You should now see Combat Readiness University.
- 4) Log in again at the top using your AKO info.
- 5) Enroll using your information.
- 6) Log in again with your AKO info.
- 7) Select the Accident Avoidance Course.

You're in. It takes about 1 to 1 ½ hours to complete.

(Word of advice: On the last page of the training, there are two choices to be made. One says "finish and close the course" the other says "print certificate" Hit "Print certificate first.)

Access site through: <http://www.transchool.eustis.army.mil>

- On left side of page, click on *Web-based Courses* under the tab *Courses*
- Click *Enter Courses*.

New Student Enrollment:

- Enroll using a username & password that you will remember.
- Make sure to put your full name when you enroll. (This is the name that will appear on your certificate of completion.)
- Click *Register For A Course*
- Scroll down to and click on *Wheeled Vehicle Accident Avoidance 2004*
- Make sure to click on the select option for the course
- After successful completion of the course, please make sure to print the certificate.

You're in. This class takes approximately 2 hours 20 minutes to complete.



DRIVER'S TRAINING CONTACT INFORMATION

EMAIL:

CARL.HENDERSONJR@CONUS.ARMY.MIL

CARL HENDERSON JR-SUPERVISOR

719-526-5534/0745 OFFICE

719-524-3978 FAX

LOCATED AT:

TRANSPORTATION MOTOR POOL

5033 TEVIS STREET

BLDG 301

FORT CARSON, CO 80913

HOURS OF OPERATION:

M-F 0800-1200 & 1300-1700

- **CLOSED 1200-1300 (LUNCH)**
- **CLOSED WEEKENDS & FEDERAL HOLIDAYS**

26 March 2007

MEMORANDUM FOR All MEDDAC Personnel

SUBJECT: Letter of Instruction for MEDDAC Single Driver's

1. All MEDDAC personnel who are currently authorized as **SINGLE DRIVERS** will call the Medical Company, to make an appointment with the Commander, to receive their Commander's **SINGLE DRIVER** interview.
2. Personnel that are not currently authorized **SINGLE DRIVERS** status will obtain a First Line Supervisor's memorandum requesting **SINGLE DRIVER** status (see attached example memorandum) and call the Medical Company to make an appointment with the Commander to receive their Commander's interview for **SINGLE DRIVER**.
3. Personnel that are currently authorized as **SINGLE DRIVERS** for duty in a TMP van will ensure that the MEDDAC Master Driver (SGT Crown, Barbara) has the following information on file:
 1. Copy of a valid state driver's license.
 2. Copy of any Military drivers training.
 3. Copy of First Line Supervisor's memorandum requesting Single Driver status (appendix A).
 4. Copy of the MEDDAC Commander's Driver's Interview and Risk Assessment (appendix B).
 5. Copy of the MEDDAC Troop Commander's memorandum authorization for single driver (appendix C).
 6. Copy of (or statement) of any traffic violations or adverse counseling statements pertaining to your driving.
 7. Copy of driver's miles for participation in the Driver's Award Program.
 8. A signed statement that acknowledges your understanding of PMCS and drivers responsibilities (appendix D).
4. POC for this memorandum is CPT Gillette 526-7251.

MICHAEL B. HENRY
CPT, MS
Commanding

MEDDAC COMMANDER'S DRIVER INTERVIEW AND RISK ASSESSMENT

NAME _____, RANK _____, SSN _____

1. How old are you? _____
2. How many years of schooling have you completed? _____
3. Do you have a valid State driver's license? ____ (YES) ____ (NO) License's No. _____
State _____, Expiration _____
4. Have you driven a Military vehicle before? ____ (YES) ____ (NO)
5. What type of vehicles have you driven? _____
6. Have you ever driven a manual shift vehicle before? ____ (YES) ____ (NO)
7. How many years have you been driving? _____ years
8. Approximately how many miles have you drove in the past 12 months? _____ miles
9. Have you ever driven a front-wheel drive vehicle? ____ (YES) ____ (NO)
10. Have you ever driven a four-wheel drive vehicle? ____ (YES) ____ (NO)
11. How many times have you been cited for a traffic violation? _____, Year? _____
12. How many accidents have you been involved in? _____ How many have involved injury or property damage in excess of \$2000.00? _____, Year _____
13. Explain who was at fault and how, in your opinion, the accident could of been avoided. _____

14. Do you consider yourself a good or bad driver? ____ (GOOD) ____ (BAD) Why? _____

15. What do you think is the major cause of traffic accidents? _____

16. What do you think can be done to reduce the number of traffic accidents? _____

17. Have you had any experience as an automobile mechanic or in related work? ____ (YES) ____ (NO)
18. Do you have any objections to becoming a Military Driver? ____ (YES) ____ (NO) WHY? _____

19. In your opinion, do you think you will make a good Military Driver? ____ (YES) ____ (NO)
WHY? _____

20. Do you wear corrective lenses or have any problems with your eyes (explain)? ____ (YES) ____ (NO)
Problem _____

21. Do you have any hearing problems (explain) ____ (YES) ____ (NO) Problem _____

22. Have you ever been involved in a drug or alcohol offense? ____ (YES) ____ (NO) Explain _____

23. Do you know of any physical defects or any other problems the might affect you as a Military Driver?
____ (YES) ____ (NO) Explain _____

_____, Date: _____

(Soldier's signature)

RISK ASSESSMENT

LEAVE BLANK

(Company Commander will complete)

RISK FACTORS	POINTS	DRIVER'S SCORE
Self-discipline (dependability):		
a. Soldier knows and is trained to standards, but does not follow the standards.	5	_____
b. Counseled for poor performance (3 times in the last 12 months or more than 4 times in the last 24 month.	5	_____
c. Had an at fault accident(s) or citation(s) in (2 to 4 in the last 12 months or 5 in the last 24 months.	5	_____
d. Abused alcohol / drugs (in last 12 months) or referred to community mental health (in last 24 months).	5	_____
e. Had judicial / non-judicial punishment (in past 24 months).	5	_____
f. GT score of 90 or less (enlisted only).	5	_____
g. Male under age 25.	5	_____

TOTAL POINTS _____

POINTS: 0-12 13-20 21-26 27+
 Low Medium High Extremely High

MICHAEL B. HENRY
CPT, MS
Commanding

**MEMORANDUM FOR FIRST LINE SUPERVISOR
REQUEST FOR SINGLE DRIVER APPROVAL**

MCXE-____

Date_____

MEMORANDUM FOR MEDDAC Troop Commander

THRU MEDDAC Company Commander

SUBJECT: Request for Single Driver Authorization

1. This is a request for the following soldier to be a single driver:

Rank____, Name_____, SSN_____

Sectioin_____

2. The driver will be required to transport soldiers? ____ (Yes) ____ (NO)

3. The driver's mission must be performed as a single driver (explain the mission and why the soldier must be a single driver).

4. I have reviewed the driver's record and he/she is a responsible individual, that has no adverse counseling statements and will be a safe driver.

5. I acknowledge that the driver understands how to perform a complete PMCS and will ensure that the soldier completes a PMCS and complies with the MEDDAC Driver's Program.

6. POC is the undersigned at _____ (Telephone Number)

(signature of supervisor)

(rank)

(duty section)

DEPARTMENT OF THE ARMY
USA MEDDAC
MEDICAL COMPANY
FORT CARSON, COLORADO 80913-5101

MXCE-CO-CDR

05 June 2008

MEMORANDUM FOR Troop Commander

Subject: MEDDAC Single Driver

1. I have completed the Commander's Single Driver Interview and Risk Assessment on the following Soldier:

NAME: _____

SSN: _____

2. I _____ (Recommend) _____ (do not recommend) that the above Soldier be given authorization as a MEDDAC Single Driver.

MICHAEL B. HENRY
CPT, MS
Commanding

3. I _____ (approve) _____ (disapprove) that the above listed Soldier is authorized to be a MEDDAC Single Driver.

David W. Roberts
LTC, MS
DCAS

STATEMENT OF PMCS AND RESPONSIBILITIES

MCXE-CO-CDR

DATE: _____

I have been instructed on _____, by _____, on PMCS'S for
Military Vehicles. I understand the importance of these PMCS's and my responsibility to
perform PMCS's and my responsibilities as a Military Single Driver.

_____, Date _____
(signature of soldier)

I verify that I have explained the PMCS's and driver responsibilities to the above soldier.

_____, Date _____
(signature of Master Driver)

Commander's verification

MICHAEL B. HENRY
CPT, MS
Commanding

MCXE-CO-CDR

DATE: _____

DRIVER'S INFORMATION PACKET CHECK LIST

NAME _____, RANK _____, DUTY SECTION _____

1. Driver's License's Number _____, State _____.

2. Training Information (dates completed and duty station):

3. Copy of First Line Supervisor's memorandum requesting SINGLE DRIVER status. ____ (YES) ____ (NO)

4. Copy of MEDDAC Commander's Driver's Interview. ____ (YES) ____ (NO)

5. Copy of MEDDAC Troop Commander's SINGLE DRIVER authorization. ____ (YES) ____ (NO)

6. Traffic Violation Information (dates and place and violation).

7. Total miles driven to date: _____

8. Driver's statement of PMCS and responsibilities. ____ (YES) ____ (NO)

9. REMARKS: _____

I verify that I have checked and have on file all of the above information.

_____, Date _____
(signature of Master Driver)

Commander's verification.

MICHAEL B. HENRY
CPT, MS
Commanding