SUPPORT EQUIPMENT OPERATOR'S TRAINING REQUEST

From:

To: Support Equipment Licensing and Certification Training Leader

Subj: SE OPERATOR TRAINING REQUEST

1. Request operator training for _____ (Last, First, MI, rank) on the following Support Equipment:

   a) _____

   b) _____

   c) _____

   d) _____

   e) _____

2. The individual has been screened; physical conducted and is considered a suitable nominee.

3. Date of Physical Examination (if applicable) _____

4. This training is for: a) Initial Qualification ☐ b) Re-qualification ☐

5. Currently possesses

   a) A USN Aviation Support Equipment Operator's License (OPNAV 4790/102)

      Yes ☐ No ☐

   b) A US Government Motor Vehicle Operator's Identification Card (OF-346)

      Yes ☐ No ☐

6. State Driver's License Information:

   a) License Number

   b) State

   c) Expiration Date

   d) Auto Extension Yes ☐ No ☐

   e) Restriction

SHOP SUPERVISOR (Print Last, First, MI)	(Signature)	Date

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (5 USC SS 4101 to 4118), and OPNAVINST 4790.2H

PURPOSE AND USE: The information on this form is used to record course and training and demands and requirements of the Naval Air Maintenance Program. The purpose of this form is to document the nomination of trainees and completion of mandatory Support Equipment Operator and Licensing training.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. However, failure to provide this information will result in the inability to accurately report enrollment and affirmative action statements and could result in a failure to acquire the required licensing.