

# VEHICLE REQUEST / PRE-DISPATCH CHECKLIST

(AR 385-55)

VEHICLE  
NUMBER

TYPE

REASON

DUTY  
SECTION

FROM  
(DATE)

TO

OPERATOR'S  
NAME

ASSISTANT  
OPERATOR

DESTINATION

## BEFORE OPERATION / DISPATCH

### 1. FIRST LINE SUPERVISOR

' I HAVE READ, UNDERSTAND, AND HAVE BRIEFED THE VEHICLE OPERATOR IN THE PROPER USE OF THIS VEHICLE TO INCLUDE THE VEHICLE SAFETY STANDARDS AND SAFE VEHICLE OPERATION AS OUTLINED IN CHAPTER 2 OF AR 385-55. '

\_\_\_\_\_  
SUPERVISOR'S NAME AND SIGNATURE

### 2. OPERATOR

' I HAVE COMPLETED THE REQUIRED PMCS AS LISTED IN TM \_\_\_\_\_ - 10, AND HAVE ANNOTATED ON DA FORM 2404 OR ULLs EQUIVALENT, AND SHORT COMINGS OR DEFICIENCIES FOUND ON THIS VEHICLE.

\_\_\_\_\_  
SIGNATURE

REQUEST APPROVAL BY CO OR  
DESIGNATED REPRESENTATIVE

NAME (PLEASE PRINT)

SIGNATURE

THIS FORM WILL BE MAINTAINED IN THE UNIT MOTOR POOL FOR 30 DAYS.