Date: _____

MEMORANDUM

From: _____ *(First Name, Middle Initial, Last Name)*
To: Naval Safety Department, U.S. Naval Activities, Spain

Subj: REQUEST FOR COMNAVACTS SCOOTER/MOPED (49CC) PERMIT

Ref: (a) Traffic Safety Manual, COMNAVACTSPAININST 5100.11(*IN DRAFT*)

1. Respectfully request issuance of a COMNAVACTS Scooter/Moped Operator license. The signatures below certify completion of all licensing requirements:

a. **Parent/Legal Guardian:**

Signature: _____ (Sign in person at Safety Office in Bldg 1)
Name: _____ *(First Name, Middle Initial, Last Name)*
Date: _____

b. **Vision Acuity:** Applicant has 20/40 or better vision (corrected/uncorrected).

Signature: _____
Name: _____ *(First Name, Middle Initial, Last Name)*
Date: _____

c. **Successfully passed the Spanish Traffic Regulations MOPED Test:**

Signature: _____
Name: _____ *(First Name, Middle Initial, Last Name)*
Date: _____

d. **Successfully passed the COMNAVACTS Rota Motorcycle Safety Basic Rider Course:**

Motorcycle Safety Program Manager Signature: _____
Name: _____ *(First Name, Middle Initial, Last Name)*
Date: _____

e. **Operator Acknowledgement**. I understand that this license is a privilege and is subject to revocation for non-compliance with local traffic laws or failure to utilize proper Personal Protective Equipment (PPE) as prescribed in reference (a).

Signature of Rider: _____

* *Note: Return to Safety Department Office when complete*

Latest Update: 3 Aug 2026